
ESTABLISHED PATIENT INTAKE FORM

Patient Name: _____ DOB: ____ / ____ / ____ Today's Date: ____ / ____ / ____

- Reason for visit:** Headache f/u visit – answer questions 1 through 20
 Other reason for visit - answer questions 21 through 28

1. Since the last visit, do you feel your headaches have
 Become worse Stayed the same Improved Changed
2. If there is a change since the last visit, which aspect of your headache has changed?
 Severity Frequency Headache description Response to headache medication
3. Please list the dates each headache occurred since your last visit: Example March 1-2, 10, 14, 25-27

DO YOU HAVE YOUR HEADACHE DIARY WITH YOU TODAY? Yes No

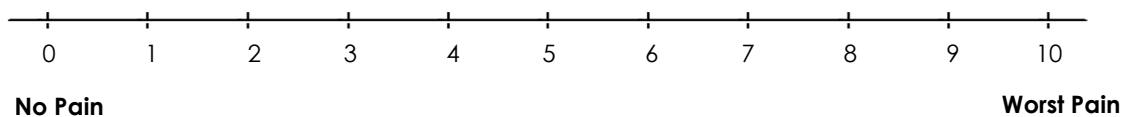
Month: _____ Dates: _____

Month: _____ Dates: _____

Month: _____ Dates: _____

4. Did you start or stop any medication since your last visit? Yes No _____
5. Any trips to the ER since your last visit? Yes, # of Trips _____ No _____
6. Any Imaging/tests performed since your last visit? Yes No What/Where _____
7. Are you having any side effects from your medications? No Yes _____
8. What other symptoms do you have with your headaches? None Nausea Light /Sound Sensitivity
 Vision changes Numbness/Tingling Weakness Other _____
9. Do you usually take your rescue medication when your headache is Mild Moderate Severe
10. The range of headache pain severity is usually? (Circle your response on the numeric scale below)

Numeric Rating Scale



11. Are your headaches interfering with your job/school or daily activities?
 None Minimal Mild Moderate Severe

12. Have you had to miss work/school due to headaches since your last visit? No Yes, # of Days _____
13. Are there any medication **changes** that need to be made from the last visit? No Yes _____
14. When do you usually take your rescue medication?
- At the earliest onset of headache (prodrome, aura)
 - I waited until I was sure it was a migraine
 - When it's so severe I can no longer stand the pain
15. How long did it take before you became symptom free? _____
16. How long before your headache returned? _____ Did you take more medication? Yes No
17. Does the headache tend to come back after treatment? Never Rarely Most times All the time
18. What treatment other than prescribed medication do you use for headache? _____
19. If you are taking **CGRP (Aimovig/Ajovy/Emgality)** injections for your migraine is it helpful? Yes No Not taking

How have your migraines improved:

- Decreased HA by at least 2 days/month Decreased severity of HA Decreased duration of HA

20. If you are receiving **Botulinum toxin** injections (Botox/Myobloc/Dysport) have they been helpful?

- Yes No Not taking

How have your migraines improved:

- Decreased HA by at least 2 days/month Decreased severity of HA Decreased duration of HA

OTHER MEDICAL CONDITIONS

21. Current complaint: Neck pain Seizure disorder Multiple Sclerosis Parkinson's disease
 Tremors Mental status/Memory problems Stroke
 Other: _____

22. Current medications working well Yes, no changes requested Yes, but changes requested
 No and changes requested No but changes not requested

23. Any medication side effects? Yes, _____ No Unsure

24. Any hospital visits since last appointment? Yes, Where / When _____
 No

25. Any imaging done since last visit? Yes, Where / When _____
 No

26. Any new issues to discuss with Provider? No Yes _____