PATIENT INSTRUCTIONS FOR COMPLETING THE PATIENT HEALTH/HISTORY QUESTIONNAIRE:

A) This detailed questionnaire of your health history is extremely important. Your past health experiences play a major role in developing a successful treatment program for your headaches. Please take the time to fill out and complete this form to the best of your ability.

B) If any item or statement on this form applies to you, please check the square corresponding to that item or statement.

C) Those items or statements which **do not** apply to you are to be **left blank**.

D) Example #1 -
Under: Past Medical History

Cardiovascular	Past	Present
Hypertension	☐	☐

Check the corresponding square only if you have had or have Hypertension; OTHERWISE LEAVE BLANK.

Example #2 -
Under: Social History

Daily caffeine consumption

☐ Never	☐ Moderate
☐ Occasional	☐ Excessive

Check the corresponding square which applies to you.

Example#3 -
Under: Severity of Headache

☐ Mild	☐ Severe
☐ Moderate	☐ Incapacitating

Only Check the square which applies to you.

E) On designated pages of the questionnaire you are asked to write additional information. There is space provided for any further descriptive information you may feel is important or may be helpful.

F) Please do not write the additional information on those pages of the questionnaire where you are asked to only check the squares corresponding to a particular item or statement.

G) All the information obtained on the Patient Health/History Questionnaire will be evaluated at the time of consultation.

Baylor Neuroscience Center
Headache Center
9101 N. Central Expressway; Suite 400
Dallas, Texas 75231
214 820 9272

PATIENT HEALTH/HISTORY QUESTIONNAIRE

Name: _____ Age: _____

Marital Status:_____ Place of Residence: _____

Date/Place of Birth: _____ Your Occupation: _____

Spouse's Occupation: _____ Referring Dr. Address:

Referred by Dr: _____ _____

Referring Dr. Phone #: _____ _____

Please list the name of any other neurologist(s) or headache specialist(s) consulted for headaches:

1. _____ 3. _____

2. _____ 4. _____

CHIEF COMPLAINT: Please write a concise statement describing the neurological condition/symptom/or diagnosis; the reason for neurological consultation:

_____

_____

_____

_____

HISTORY OF PRESENT ILLNESS: Please write a brief chronological description of your neurological condition (the above chief complaint):

_____

_____

_____

_____

_____

_____

HEADACHE HISTORY

The Headaches Began:
- ☐ In childhood
- ☐ In teens
- ☐ Over 50 years old
- ☐ Between 20-30
- ☐ Between 30-50

Cause of Headaches at Onset:
- ☐ No known cause
- ☐ Stress
- ☐ Accident or injury

Frequency of Headaches:
- ☐ Daily
  - ☐ For months
  - ☐ For years
- ☐ Weekly
  - ☐ For months
  - ☐ For years
- ☐ Monthly
  - ☐ For months
  - ☐ For years
- ☐ Few times a year

Severity of Headaches:
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Incapacitating

Activity Level During a Headache:
- ☐ Can continue normal activities
- ☐ Normal activities are impaired
- ☐ Must stop activity and rest awhile
- ☐ Must go to bed
- ☐ Totally incapacitated

Headache Reaches Maximum Intensity in:
- ☐ Seconds
- ☐ Minutes
- ☐ Hours
- ☐ Days

Duration of Headache:
- ☐ Lasts seconds without treatment
- ☐ Lasts 15-30 minutes without treatment
- ☐ Lasts hours without treatment
- ☐ Lasts days without treatment
- ☐ Lasts 1-2 hours with immediate treatment
- ☐ Lasts 2-4 hours with immediate treatment
- ☐ Lasts 4-24 hours with immediate treatment
- ☐ Lasts days with treatment

Precipitating Factors:
- ☐ Stress/tension
- ☐ Anxiety
- ☐ Fatigue
- ☐ Certain foods
- ☐ Alcohol
- ☐ Perfumes
- ☐ Exertion/activity
- ☐ Exertion/activity
- ☐ Coughing/sneezing
- ☐ Certain medications
- ☐ Weather changes
- ☐ Positional change
- ☐ Menstruation

Hormonal (women):
- ☐ The headaches are associated with the menstrual cycle
- ☐ The headaches are associated with birth control therapy
- ☐ The headaches are associated with any hormone therapy
- ☐ The headaches worsened with pregnancy
- ☐ The headaches improved with pregnancy
- ☐ The headaches started in menopause

Warnings (Prodrome) Before Headache Starts:
- ☐ Craving for sweets
- ☐ Upset stomach
- ☐ Nausea
- ☐ Diarrhea
- ☐ Dizziness
- ☐ Personality change
- ☐ Depression
- ☐ Hyperactivity
- ☐ Muscle aching
- ☐ Visual disturbance

Sleep:
- ☐ Insomnia
- ☐ Sleep takes away the headache
- ☐ Sleep disorder
- ☐ Snoring

HEADACHE HISTORY (Continued)

Family History of Headache:
- ☐ Mother's side (maternal)
- ☐ Father's side (paternal)
- ☐ Brothers
- ☐ Sisters
- ☐ Children

Location of Headache:
- ☐ On the left side of head
- ☐ On the right side of head
- ☐ Over left eye
- ☐ Over right eye
- ☐ Over both eyes
- ☐ Over whole head

Symptoms of the Headache:
- ☐ Pain lasts between 4-72 hours
- ☐ Pain is throbbing or pounding
- ☐ Pain is worse on just one side of the head
- ☐ Pain inhibits daily activity
- ☐ Nausea may occur with the headache
- ☐ Vomiting may occur with the headache
- ☐ Intolerance to light (photophobia)
- ☐ Intolerance to noise or sounds (phonophobia)
- ☐ Visual changes occur before headache
  - ☐ Blurred vision
  - ☐ Loss of half of vision
  - ☐ Loss of vision in one eye
  - ☐ White or colored geometric figures (photopsias)
    - ☐ Spots or sparks
    - ☐ Flashes of light
    - ☐ Streaks of light/wavy lines
  - ☐ Shimmering geometric designs (fortification scotoma)
    - ☐ Honeycomb patterns
    - ☐ Crescent shaped
    - ☐ Horseshoe shaped
- ☐ Numbness/tingling in arms or legs
- ☐ Numbness/tingling in trunk
- ☐ Numbness/tingling in face
- ☐ Paralysis of arm or leg
- ☐ Inability to properly use an arm or leg
- ☐ Sudden acute, severe, excruciating, debilitating headache
  - ☐ The excruciating pain starts in minutes
  - ☐ The pain is immediately debilitating
  - ☐ The pain is in one eye
  - ☐ The eye becomes red
  - ☐ The eye starts to tear
  - ☐ The eyelid droops
  - ☐ There is sudden nasal congestion
  - ☐ There is sudden nasal discharge
  - ☐ The attacks occur daily
  - ☐ The attacks occur several times a day
  - ☐ The attacks occur every other day

- ☐ The headache is of mild to moderate intensity
- ☐ The headache does not prohibit daily activity
- ☐ The headache may last up to seven days
- ☐ The headache is without nausea
- ☐ The headache is without vomiting
- ☐ The headache is without intolerance to light
- ☐ The headache is without intolerance to noise/sound
- ☐ The headache is like a vise around the head
- ☐ The headache is in a hat band distribution
- ☐ The headache is over the whole head
- ☐ The headache is not aggravated by physical activity

Effects of the Headache:
- ☐ Daily activities have changed
- ☐ The headaches affect work performance
- ☐ Social activities are limited
- ☐ The headaches have caused marital problems
- ☐ The headaches have led to depression
- ☐ The headaches have led to seeing a psychiatrist
- ☐ The headaches have led to seeing a counselor

MEDICATIONS

	Past	Present
Migraine Specific Medications:		
Imitrex tablet	☐	☐
Imitrex nasal spray	☐	☐
Imitrex injection	☐	☐
Maxalt	☐	☐
Zomig	☐	☐
Amerge	☐	☐
Axert	☐	☐
Frova	☐	☐
Relpax	☐	☐
Treximet	☐	☐
Cafergot tablets	☐	☐
Cafergot suppository	☐	☐
Migranal nasal spray	☐	☐
DHE-45	☐	☐
Prescription Pain Medications:		
Butalbital	☐	☐
Fioricet	☐	☐
Fiorinal	☐	☐
Esgic	☐	☐
Fiorinal w/ codeine	☐	☐
Phrenilin	☐	☐
Hydrocodone	☐	☐
Lorcet	☐	☐
Lortab	☐	☐
Vicodin	☐	☐
Norco	☐	☐
Vicoprofen	☐	☐
Darvon	☐	☐
Darvocet	☐	☐
Oxycodone	☐	☐
OxyContin	☐	☐
OxyIR	☐	☐
Percocet	☐	☐
Percodan	☐	☐
Roxicodone	☐	☐
Tylox	☐	☐
Stadol nasal spray	☐	☐
Ultram	☐	☐
Tylenol No.3 or No. 4	☐	☐

	Past	Present
Nonsteroidal Anti-Inflammatory Medications:		
Ibuprofen	☐	☐
Advil	☐	☐
Motrin	☐	☐
Nuprin	☐	☐
Naproxen	☐	☐
Aleve	☐	☐
Naprosyn	☐	☐
Naprelan	☐	☐
Vioxx	☐	☐
Celebrex	☐	☐
Bextra	☐	☐
Combination Medications:		
Anacin	☐	☐
Excedrin	☐	☐
Midol	☐	☐
Aspirin Containing Medications:		
Aspirin	☐	☐
Bufferin	☐	☐
Ecotrin	☐	☐
Alka Seltzer	☐	☐
Sinus meds	☐	☐
Acetaminophen Containing Medications:		
Tylenol	☐	☐
Other aspirin free pain meds	☐	☐

TEST / X-RAYS

Test		Year Performed	
☐ Head CT	☐ 2010	☐ 2009	☐ Past 5 years
☐ Head MRI	☐ 2010	☐ 2009	☐ Past 5 years
☐ Cervical CT	☐ 2010	☐ 2009	☐ Past 5 years
☐ Cervical MRI	☐ 2010	☐ 2009	☐ Past 5 years
☐ EEG	☐ 2010	☐ 2009	☐ Past 5 years
☐ Spinal Tap	☐ 2010	☐ 2009	☐ Past 5 years
☐ Head MR Angiogram	☐ 2010	☐ 2009	☐ Past 5 years
☐ Head CT Angiogram	☐ 2010	☐ 2009	☐ Past 5 years
☐ Blood Tests	☐ 2010	☐ 2009	☐ Past 5 years

PLEASE FILL IN THE BOX FOR ANY LISTED MEDICATION **EVER USED** FOR HEADACHES:

- ☐ Ambien®
- ☐ Amitriptyline
- ☐ Anaprox®
- ☐ Alprazolam
- ☐ Anaprox DS®
- ☐ Apresoline
- ☐ Atenolol
- ☐ Ativan®
- ☐ Bellergal-S®
- ☐ Bextra
- ☐ Botox
- ☐ BuSpar®
- ☐ Butalbital®
- ☐ Cafergot tablets®
- ☐ Cafergot suppositories®
- ☐ Cataflam®
- ☐ Celebrex®
- ☐ Celexa
- ☐ Clinoril®
- ☐ Codeine®
- ☐ Dalmane®
- ☐ Darvon®
- ☐ Darvon Compound®
- ☐ Darvocet-N 100®
- ☐ Deltasone®
- ☐ Demerol®
- ☐ Depakote®
- ☐ Desyrel®
- ☐ Desipramine
- ☐ D.H.E.-45®
- ☐ Diazepam
- ☐ Dilaudid®
- ☐ Dilantin®
- ☐ Dolobid®
- ☐ Doxepin®
- ☐ Duract®
- ☐ Effexor®
- ☐ Elavil®
- ☐ Endep®
- ☐ Ergotamine®
- ☐ Ergomar®
- ☐ Ergostat®
- ☐ Esgic®
- ☐ Fioricet®
- ☐ Fiorinal®
- ☐ Fiorinal w/Codeine®
- ☐ Fiorpap®
- ☐ Gabitril
- ☐ Haldol®
- ☐ Hydrocodone
- ☐ Imipramine
- ☐ Inderal®
- ☐ Indomethacin®
- ☐ Indocin®
- ☐ Indocin SR®
- ☐ Indochron E-R®
- ☐ Indomethacin SR®
- ☐ Isocom®
- ☐ Isopap®
- ☐ Isometheptene/ dichloralphenazone/ acetaminophen
- ☐ Ketoprofen
- ☐ Klonopin®
- ☐ Lamictal
- ☐ Lexapro
- ☐ Lithium
- ☐ Lorazepam
- ☐ Lorcet®
- ☐ Lorcet Plus®
- ☐ Lorcet HD®
- ☐ Lortab®
- ☐ Lortab ASA®
- ☐ Lyrica®
- ☐ Meclomen®
- ☐ Medrol Dosepak®
- ☐ Methadone
- ☐ Midrin®
- ☐ Mobic
- ☐ Morphine®
- ☐ Naprelan®
- ☐ Napron X®
- ☐ Naprosyn®
- ☐ Naproxen®
- ☐ EC-Naprosyn®
- ☐ Neurontin®
- ☐ Nifedipine
- ☐ Norco®
- ☐ Norpramin®
- ☐ Orudis®
- ☐ Oruvail®
- ☐ Pamelor®
- ☐ Paxil®
- ☐ Percocet®
- ☐ Percodan®
- ☐ Periactin®
- ☐ Phrenilin®
- ☐ Prednisone®
- ☐ Procardia®
- ☐ Propranolol
- ☐ Prozac®
- ☐ Relafen®
- ☐ Restoril®
- ☐ Sansert®
- ☐ Serzone
- ☐ Sinequan
- ☐ Stadol®
- ☐ Stadol NS®
- ☐ Talwin®
- ☐ Thorazine®
- ☐ Tofranil®
- ☐ Tolectin®
- ☐ Topamax
- ☐ Tranxene®
- ☐ Trazodone®
- ☐ Triavil®
- ☐ Tylenol No.3®
- ☐ Tylenol No.4®
- ☐ Tylox®
- ☐ Ultram®
- ☐ Wellbutrin®
- ☐ Valium®
- ☐ Valproic acid
- ☐ Vioxx
- ☐ Verapamil
- ☐ Vicodin®
- ☐ Vicodin ES®
- ☐ Wigraine®
- ☐ Xanax®
- ☐ Xylocaine®
- ☐ Zoloft®
- ☐ Zonegran®
- ☐ Zanaflex®

PAST MEDICAL HISTORY

	Past	Present
EYES/EARS/NOSE/THROAT		
Blindness	☐	☐
Double Vision	☐	☐
Cataracts	☐	☐
Injury to Eye	☐	☐
Glaucoma	☐	☐
Iritis	☐	☐
Keratitis	☐	☐
Optic Neuritis	☐	☐
Ringing in Ears	☐	☐
Deafness	☐	☐
Chronic Ear Infection	☐	☐
Sinusitis	☐	☐
Difficulty Swallowing	☐	☐
Cancer	☐	☐
CARDIOVASCULAR		
Hypertension	☐	☐
Hypotension	☐	☐
Myocardial Infarction	☐	☐
Heart Attack	☐	☐
Angina/Chest Pain	☐	☐
Congestive Heart Failure	☐	☐
Rapid Heart Rate (Tachycardia)	☐	☐
Slow Heart Rate (Bradycardia)	☐	☐
Irregular Heart Rate (Arrhythmia)	☐	☐
Heart Murmur	☐	☐
Mitral Valve Prolapse	☐	☐
Rheumatic Heart Disease	☐	☐
High Cholesterol/Lipids	☐	☐
Vascular Disease (Legs-Arms)	☐	☐
RESPIRATORY		
Asthma	☐	☐
Chronic Bronchitis	☐	☐
Tuberculosis	☐	☐
Cancer	☐	☐
Pneumonia	☐	☐

	Past	Present
MUSCULOSKELETAL		
Chronic Low Back Pain	☐	☐
Chronic Neck Pain	☐	☐
Muscle Disease	☐	☐
Lupus	☐	☐
Gout	☐	☐
Rheumatoid Arthritis	☐	☐
Osteoarthritis	☐	☐
Fibromyalgia	☐	☐
Connective Tissue Disease	☐	☐
ENDOCRINE		
Diabetes	☐	☐
Hyperthyroidism	☐	☐
Hypothyroidism	☐	☐
Cushing's Disease	☐	☐
Addison's Disease	☐	☐
Cancer	☐	☐
DERMATOLOGY/HEMATOLOGY		
Anemia	☐	☐
Leukemia	☐	☐
Lymphoma	☐	☐
Bleeding Disorder	☐	☐
Psoriasis	☐	☐
Skin Cancer	☐	☐
HIV Positive	☐	☐
AIDS	☐	☐
GASTROINTESTINAL		
Ulcer	☐	☐
Esophagitis	☐	☐
Jaundice	☐	☐
Hepatitis	☐	☐
Gallstones	☐	☐
Gallbladder Inflammation	☐	☐
Pancreatitis	☐	☐
Crohn's Disease	☐	☐
Ulcerative Colitis	☐	☐
Diverticulosis	☐	☐
GERD	☐	☐
Acid Reflux	☐	☐
Cancer	☐	☐

PAST MEDICAL HISTORY (Continued)

	Past	Present
GENITOURINARY		
Pyelonephritis	☐	☐
Kidney Stones	☐	☐
Urinary Tract Stones	☐	☐
Recurrent Infection	☐	☐
Urinary Retention	☐	☐
Cancer	☐	☐
MEN ONLY		
Prostate Problems	☐	☐
Impotence	☐	☐
Cancer	☐	☐
WOMEN ONLY		
Menstrual Problems	☐	☐
Hormone Therapy	☐	☐
Birth Control Pills	☐	☐
Menopause	☐	☐
Breast Cancer	☐	☐
Other Cancer	☐	☐
Endometriosis	☐	☐
PSYCHOLOGICAL		
Depression	☐	☐
Panic Attacks	☐	☐
Anxiety	☐	☐
Intellectual Loss	☐	☐
Memory Loss	☐	☐
Bipolar Disorder	☐	☐

	Past	Present
NEUROLOGICAL		
Alzheimer's Disease	☐	☐
Stroke	☐	☐
Brain Hemorrhage	☐	☐
Transient Ischemic Attack	☐	☐
Paralysis	☐	☐
Brain Tumor	☐	☐
Spinal Cord Tumor	☐	☐
Seizure	☐	☐
Epilepsy	☐	☐
Syncope/Fainting	☐	☐
Parkinson's Disease	☐	☐
Tremor	☐	☐
Spinal Cord Disorder	☐	☐
Myopathy	☐	☐
Other Muscular Disorder	☐	☐
Nerve Injury	☐	☐
Neuropathy	☐	☐
Multiple Sclerosis	☐	☐
Meningitis	☐	☐
Encephalitis	☐	☐
Arnold-Chiari Malformation	☐	☐
Head Trauma/Injury	☐	☐
Headaches	☐	☐
Migraines	☐	☐

PLEASE LIST ALL PREVIOUS HOSPITALIZATIONS:

Hospital	Date	Doctor	Diagnosis

PLEASE LIST ANY OTHER MEDICAL ILLNESS NOT PREVIOUSLY LISTED:

Illness	Past	Present

PLEASE LIST ALL MEDICATIONS YOU ARE NOW TAKING AND DOSAGE:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____

PLEASE LIST ALL MEDICATIONS TO WHICH YOU ARE ALLERGIC:

1. _____ 3. _____

2. _____ 4. _____

5. _____ 7. _____

6. _____ 8. _____

FAMILY HISTORY

- ☐ Hypertension
- ☐ Coronary Artery Disease
- ☐ Heart Attack
- ☐ Heart Surgery
- ☐ Other Heart Disease
- ☐ High Cholesterol
- ☐ Peripheral Vascular Disease
- ☐ Kidney Disease
- ☐ Stroke
- ☐ Brain Tumor
- ☐ Epilepsy
- ☐ Migraine
- ☐ Diabetes
- ☐ Cancer
- ☐ Tuberculosis
- ☐ Asthma
- ☐ Other Lung Disease
- ☐ Ulcer Disease
- ☐ Psychiatric Illness
- ☐ Suicide
- ☐ Parkinson's Disease
- ☐ Muscle Disease
- ☐ Peripheral Nerve Disease
- ☐ Multiple sclerosis

SOCIAL HISTORY

1) Marital Status
   - ☐ Married
   - ☐ Divorced
   - ☐ Single
   - ☐ Widowed

(2) Alcohol Intake
   - ☐ Never
   - ☐ Moderate
   - ☐ Occasional
   - ☐ Excessive

(3) Cigarette Smoker
   - ☐ Yes
   - ☐ Past
   - ☐ No
   - ☐ Present

(4) Cigar or Pipe Smoker
   - ☐ Yes
   - ☐ Past
   - ☐ No
   - ☐ Present

(5) Cigarette Smoker
   - ☐ Yes
   - ☐ No

(3) Daily Caffeine Consumption
   - ☐ Never
   - ☐ Moderate
   - ☐ Occasional
   - ☐ Excessive

(4) Education
   - ☐ Elementary School
   - ☐ College
   - ☐ High School
   - ☐ Post Graduate School

REVIEW OF SYSTEMS

Constitutional
- ☐ Fatigue
- ☐ Weight loss
- ☐ Weight gain
- ☐ Change in bowel habits

Eyes
- ☐ Change in visual acuity
- ☐ Double vision
- ☐ Transient visual loss

ENT
- ☐ Difficulty swallowing
- ☐ Hearing loss
- ☐ Change in smell

Cardiovascular
- ☐ Chest pain
- ☐ Angina
- ☐ Irregular heart rate
- ☐ High blood pressure
- ☐ Leg pan; arm pain
- ☐ Vascular changes in extremity

Respiratory
- ☐ Shortness of breath
- ☐ Chronic cough
- ☐ Cough up blood
- ☐ Wheezing

Gastrointestinal
- ☐ Abdominal pain
- ☐ Diarrhea
- ☐ Constipation
- ☐ GI bleeding
- ☐ Jaundice

Genitourinary
- ☐ Incontinence
- ☐ Blood in urine
- ☐ Cannot urinate
- ☐ Female problems
- ☐ Male problems

Skin
- ☐ Skin Lesions

Neurological
- ☐ Seizures
- ☐ Numbness in extremities
- ☐ Muscle weakness
- ☐ Paralysis
- ☐ Tremor
- ☐ Difficulty with gait
- ☐ Involuntary movements
- ☐ Vertigo
- ☐ Unsteadiness of gait
- ☐ Facial pain
- ☐ Difficulty with speech

Psychiatric
- ☐ Intellectual loss
- ☐ Depression
- ☐ Anxiety
- ☐ Panic spells

Endocrine
- ☐ Hormone problems
- ☐ Diabetes
- ☐ Thyroid disease
- ☐ Other endocrine disease

Musculoskeletal
- ☐ Back pain
- ☐ Neck pain
- ☐ Joint swelling
- ☐ Motor weakness
- ☐ Extremity pain

Please list any other Neurologists seen for headaches:

Name Year

_____

_____

_____

_____

Please list any other Headache Specialists or Clinics where you have been treated for headaches:

Name Year

_____

_____

_____

_____

If there is additional information regarding your condition or medications, etc., which you wish to include, please use the remainder of this page: