HEADACHE HISTORY GUIDE (SOURCE: EO [GDG])

HEADACHE HISTORY GUIDE	Assessed by:	Date:
Name:	DOB: / /	Chart ID:

PAIN:

Site/Radiation/Intensity/Effect of headaches on work and family/Associated symptoms:

***Some associated symptoms**:*

- □ *Nausea and/or vomiting*
- □ *Photophobia*
- □ *Phonophobia*
- □ *Osmophobia*
- □ *Aura*
- □ *Autonomic changes*
- □ *Jaw pain/dysfunction*
- □ *Neck pain/injury*

ONSET, pattern of progression, reasons for consulting now:

DURATION:

Under 3 hours, over 4 hours/Continuous/Intermittent/Frequency- days per month or week (review headache diaries if available):

AGGRAVATING FACTORS/TRIGGERS:

- ☐ Exertion
- ☐ Postural changes
- ☐ Valsalva/cough/straining
- ☐ Stress
- ☐ Other

Clinical Red Flags

(see Guideline):

Emergent (address immediately)

- □ Thunderclap headache
- □ Fever and neck stiffness (meningismus)
- □ Papilloedema + focal signs and/or reduced loss of consciousness
- □ Acute angle-closure glaucoma

Urgent (address hours to days)

- □ Systemic illness in the patient with a new onset headache
- □ Papilloedema in an alert patient without focal neurological signs
- □ Over age 50 with other symptoms suggestive of temporal arteritis
- □ New headache with recent cognitive change in the elderly

EASING FACTORS:

SLEEP/INSOMNIA	MOOD	
Initial *(prolonged time to fall asleep)*:	**Do you think you are depressed?** Yes ☐ No ☐	**If suicidal**: Do you feel life is not worth living? Have you made any plans? Have you felt like acting these out? Do you feel unsafe?
Secondary *(waking during the night)*:		
Tertiary *(spontaneous early waking; flag for depression):*	**Would you describe yourself as anxious?** Yes ☐ No ☐	
Parasomnias *(restless legs, snoring, apneas, night terrors):*		

PREVIOUS INVESTIGATIONS: *Blood tests/X-rays/Scans Patient's perception of findings/response:*	CONSULTS:

PREVIOUS TREATMENTS FOR PAIN AND OUTCOME: *Meds/Physio/Acupuncture/TENS/Surgery:*

PAST MEDICAL HISTORY:	ALLERGIES/INTOLERANCES:
☐ **Hypertension** ☐ other: ☐ **Heart disease** ☐ **Stroke** **FAMILY HISTORY OF HEADACHE:**	☐ **Asthma**

CURRENT PAIN MEDICATIONS *(review diaries if available)*:	NON PAIN MEDICATIONS:

PENDING INVESTIGATIONS:	
SOCIAL HISTORY:	
	☐ family violence (past, current) ☐ high stress ☐ smoking ☐ ETOH ☐ Street drugs ☐ Fam hx substance abuse
WORK/BENEFITS/LEGAL CLAIMS:	**DISABILITY DUE TO HEADACHE:**
	(Work, family, relationships, leisure activities)
PATIENT'S PERCEPTION OF PAIN PROBLEM:	**Problem list/diagnoses**
PATIENT'S EXPECTATIONS OF TREATMENT	**Plan**