



Dr. Itkin  
Neurologic and Headache Clinic S.C.

## HEADACHE QUESTIONNAIRE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### ***General and Aura***

Approximately how old were you when you started to suffer headaches? \_\_\_\_\_

**Do you have any of the following warning symptoms (1-12 hours before pain onset)?**

Elation/Irritability  depression  drowsiness  hunger  thirst

Light sensitivity

**Do any symptoms typically come a few minutes before a headache?**

Decreased hearing  visual disturbance  pins & needles  numbness

Double vision  disturbed speech  confused thinking  dizziness

Noise in the ears  Incoordination

If checked, please specify: \_\_\_\_\_

\_\_\_\_\_

### ***The Headache***

**Mark the answer that best describes the symptoms you experience.**

Pressure/tightening  eye redness  eye tearing  nasal congestion

Throbbing/pulsating  burning/stabbing  boring/bursting

**Other:** \_\_\_\_\_

Do you ever have the need to go lie in a dark room?    yes    no

If "yes", how often and for how long: \_\_\_\_\_

Is the headache usually so severe as to stop you from performing your usual activities i.e. work, school, family life, etc.?    Yes                  No

If "yes" please indicate what activities and frequency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Spatial Characteristics**

Where in your head do you feel the pain?

Eye  forehead  temples  back of head  allover/all around

Not localized

Do you feel pain on one side or on both?

One  Both

If on one side, is it always on the same side?

Yes  No

If on both sides, does the pain start on one side?

Yes  No

### **Precipitants**

Do any of these factors trigger a headache?

Odors  change in weather  time of the year  loss of sleep

Allergens  menses  flicker/glare  sleep excess  hunger

Jaw clenching  relaxation after stress  sexual activity  smoking

Head neck movement  exercise  fatigue emotion  eye strain

Stress

## Time Characteristics

How many days of work or school have you missed in the last month because of headache?

0  1  2 or more

### Fill this out to see if you may have Chronic Migraine

A. How many days in the past month did you spend with headache or migraine? Include all days with any headache pain of any kind, even those days you didn't feel you needed to take any medication for or only took an over-the-counter-medication. \_\_\_\_\_

B. How many days in the past month did you spend without ANY Headache pain of any kind (headache free days) \_\_\_\_\_

Did any of your headaches/migraines last more Than 4 hours if you didn't treat them? Yes  No

Have you ever been diagnosed as having chronic Headaches (including chronic tension-type headaches or chronic sinus headaches)? Yes  No

Have you ever been diagnoses as having migraines? Yes  No

Do your headaches/migraines impact your daily life: Yes  No

Rate the Impact of your headaches/migraines on your daily life?

1  2  3  4  5  6  7  8  9  10   
(mild) (severe)

How many days in the past month have your Headaches/  
migraines severely affected your daily life: \_\_\_\_\_

Describe how they affect your life: (missing work, social events, etc.)

**For woman only:**

Has pregnancy affected your headaches? Are you currently pregnant?

Yes

Yes  No

Are you taking birth control pills?

Yes

Onset of menses: \_\_\_\_\_

Are you menopausal? Yes  No  If yes has your headache pattern  
changed? Explain: \_\_\_\_\_

Are your headaches worse around your menstrual cycle?

Yes  No

**Past Health**

Head injury  neck injury  arthritis  hypertension  seizures

Blood disorders  sinus disease  dental disease  stroke

Heart problems  jaw/joint problems  eye/ear problems

Asthma  meningitis  allergies  kidney stones  blood clots

Other: \_\_\_\_\_

Specify: \_\_\_\_\_

**Previous Testing (please give date and results)**

Brain MRI \_\_\_\_\_ Cervical Spine Xrays \_\_\_\_\_

Brain Cat Scan \_\_\_\_\_ Sinus Xrays \_\_\_\_\_

EEG \_\_\_\_\_ Angiogram \_\_\_\_\_

**Previous Evaluations (please give name, date, and results)**

Neurologist \_\_\_\_\_ Headache Specialist \_\_\_\_\_

Internist \_\_\_\_\_ EMT \_\_\_\_\_

Dentist \_\_\_\_\_ Eye Exam \_\_\_\_\_

Psychological testing \_\_\_\_\_ Allergist \_\_\_\_\_

**Previous Non-Medical Treatments**

Biofeedback/relaxation/self-hypnosis \_\_\_\_\_

Chiropractor \_\_\_\_\_ Acupuncture \_\_\_\_\_

Physical Therapy \_\_\_\_\_ Allergy testing \_\_\_\_\_

Nutritional counseling \_\_\_\_\_

# NEUROLOGIC AND HEADACHE CLINIC, S.C.

## MEDICATION HISTORY FORM

Please check medications you have tried, if they worked and indicate side effects (explain below).

### Over the Counter

Drug	Worked		Side effects	Drug	Worked		Side effects
	Yes	No	Yes		Yes	No	Yes
<input type="checkbox"/> Acetaminophen Tylenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Aspirin Free Excedrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Aleve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Excedrin Migraine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Anacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ibuprofen (Motrin, Advil, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Aspirin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Explain:

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### Herbal

Herbal	Worked		Side effects	Herbal	Worked		Side effects
	Yes	No	Yes		Yes	No	Yes
<input type="checkbox"/> Feverfew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Petadolex (butterbur)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Magnesium Oxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Vitamin B2(riboflavin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:

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### Prescription Pain Medication

Drug	Worked		Side effects	Drug	Worked		Side effects
	Yes	No	Yes		Yes	No	Yes
<input type="checkbox"/> Demerol (Meperidine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Naproxen Sodium (Anaprox, Naprelan, Naprosyn)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Esgic (Acetaminophen Butalbital Caffeine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Norgesic, Norgesic Forte, Norflex, Tylenol #3 or #4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Esgic Plus (Acetaminophen, Buralbita V Caffeine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Oxycontin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fioricet (Butalbital, Acetaminophen, Caffeine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Percocet, Percodan, Tylox (Oxycodone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fiorinal (Aspirin, Butalbital V Caffeine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Phrenilin (Butalbital V Acetaminophen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fiorinal/Fioricet with Codeine/Fiorinal #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Stadol Nasal Spray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lidoderm Patch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Toradol (Ketorolac) tabs, injection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Methadone (Dolophine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ultram (Tramadol) Ultracet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Morphine IV/IM MS Contin, Kadian, Avinza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Vicodin, Vicoprofen, Lorcet (Hydrocodone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:

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### Headache Medications

Drug	Worked		Side	Drug	Worked		Side
	Yes	No	effects		Yes	No	effects
<input type="checkbox"/> Amerge (Naratriptan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Maxalt (Rizatriptan) table or IVILT dissolves)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Axert (Almotriptan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Midrin(Isometheptene, dichloralphenazone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CafergotTab, supp., CafergotPB supp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Migranal Nasal Spray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cambia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Relpax (eletriptan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DHE IV, IM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sumavel Dose Pro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ergomar SL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Treximet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Frova( frovatriptan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Zomig(Zolmitriptan) or ZMT (dissolves), nasal spray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Imitrex (Sumatriptan) tablets nasal Spray & injections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Explain: \_\_\_\_\_

### Anti-inflammatory Medications

Drug	Worked		Side	Drug	Worked		Side
	Yes	No	effects		Yes	No	effects
<input type="checkbox"/> Arthrotec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Norgesic, Norgesic Forte, Norflex, Tylenol #3 or #4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Celebrex (Celecoxib)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Oxycontin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Demerol (Meperidine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Percocet, Percodan, Tylox (Oxycodone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Esgic(Acetaminophen Butalbital Caffeine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Phrenilin (ButalbitalVAcetaminophen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Esgic Plus (Acetaminophen, BuralbitaVCaffeine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Stadol Nasal Spray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fiorinal/Fioricet with Codeine/Fiorinal #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Toradol (Ketorolac) tabs, injection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lidoderm Patch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ultram (Tramadol) Ultracet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Methadone (Dolphine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Vicodin, Vicoprofen, Lorcet (Hydrocodone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Morphine IV/IM MS Contin, Kadian, Avinza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Voltaren (Diclofenac sodium)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain: \_\_\_\_\_

**Blood Pressure Medications**

Drug	Worked		Side effects	Drug	Worked		Side effects
	Yes	No	Yes		Yes	No	Yes
<input type="checkbox"/> Atenolol (Tenormin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Losartan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Benicar (Olmesartan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Metoprolol (Lopressirm Torol XL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bystolic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Nadolol (Cofard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cozaar, Hyzaar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Verapamil (Calan, Coveas HS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Inderal (Propranolol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Explain:

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**CGRP**

Drug Injectables	Worked		Side effects	Drug Oral	Worked		Side effects
	Yes	No	Yes		Yes	No	Yes
<input type="checkbox"/> Aimovig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ubrelvy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ajovy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> Emgality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Explain:

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**Anti-Depressant Medications**

Drug	Worked		Side effects	Drug	Worked		Side effects
	Yes	No	Yes		Yes	No	Yes
<input type="checkbox"/> Cymbalta (Duloxetine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pristiq	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Desipramine (Norpramin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Prozac (Fluoxetine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Doxepin (Sinequan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Remeron (Mirtazapine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Effexor (Venlafaxine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Trazodone (Desyrel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Elavil (Amitriptyline)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Viibryd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lexapro (Escitalopram)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Vivactil (Protriptyline)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pamelor (Nortriptyline, Aventyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Wellbutrin (Bupropion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Paxil (Paroxetine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Zoloft (Sertraline)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:

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**Anti-Seizure Medications**

Drug	Worked		Side effects	Drug	Worked		Side effects
	Yes	No	Yes		Yes	No	Yes
<input type="checkbox"/> Depakote	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Topamax (Topiramate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Keppra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Trileptal (Oxcarbazepine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Neurontin (Gabapentin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Zonegran	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:

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**Mood Stabilizer Medications**

Drug	Worked		Side effects	Drug	Worked		Side effects
	Yes	No	Yes		Yes	No	Yes
<input type="checkbox"/> Abilify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Saphris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lamictal (Lamotrigine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Seroquel (Quetiapine) XR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lithium (Eskalith, Lithobid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Zyprexa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:

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**Muscle Relaxant Medications**

Drug	Worked		Side effects	Drug	Worked		Side effects
	Yes	No	Yes		Yes	No	Yes
<input type="checkbox"/> Flexeril (Cyclobenzaprine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Soma (Carisoprodol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Parafon Forte (Chlorzoxazone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Zanaflex (Tizanidine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Skelaxin (Metaxalone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Explain:

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**Anti-Nausea Medications**

Drug	Worked		Side effects	Drug	Worked		Side effects
	Yes	No	Yes		Yes	No	Yes
<input type="checkbox"/> Compazine (Prochlorperazine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tigan (Trimethobenzamide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Phenergan (promethazine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Zofran (Ondansetron)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reglan (Metoclopramide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Explain:

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### Anxiety Medications

Drug	Worked		Side effects	Drug	Worked		Side effects
	Yes	No	Yes		Yes	No	Yes
<input type="checkbox"/> Ativan (Lorazepam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Valium (Diazepam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Buspar (Buspirone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Xanax (Alprazolam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Klonopin (Clonazepam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Explain:

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### Corticosteroids

Drug	Worked		Side effects	Drug	Worked		Side effects
	Yes	No	Yes		Yes	No	Yes
<input type="checkbox"/> Decadron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Prednisone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Medrol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Solu-medrol PO, IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:

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### Other Medications or Treatments

Drug	Worked		Side effects	Drug	Worked		Side effects
	Yes	No	Yes		Yes	No	Yes
<input type="checkbox"/> Botox (Botulin Toxin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Trigger Point Shot (Occipital Block)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:

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### Attention deficit hyperactivity disorder / ADD Medications

Drug	Worked		Side effects	Drug	Worked		Side effects
	Yes	No	Yes		Yes	No	Yes
<input type="checkbox"/> Adderall (Adderall XR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Intuniv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dexedrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ritalin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Concerta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Vyvanse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Focalin (Focalin XR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Explain:

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### Fibromyalgia

Drug	Worked		Side effects
	Yes	No	Yes
<input type="checkbox"/> Ambien	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lyrica (pregabalin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lunesta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:

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### Sleep Medication

Drug	Worked		Side effects
	Yes	No	Yes
<input type="checkbox"/> Rozerem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Savella (Milnacipran)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Emergency Room Medications**

What medications worked in the emergency room: Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What medications did not work in the emergency room: Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

07/06/2023