



Brain and Spine Center, P.L.C.
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Patient Name: _____ Date: __/__/__

For our patients who have headaches:

Please answer a few questions about your headaches and your prior treatment.

How many headaches do you have in an average month? (Circle one option below)

0-4 5-10 10-14 15 \geq

How many hours do your headaches typically last? (Circle one option below)

1-5 6-10 10-24 24 \geq

How many headaches DAYS do you have in an average month? This may be different from your first answer if your headaches last longer than 24 hours. (Circle one option below)

0-4 5-10 10-14 15 \geq

Indicate which of the following medications have been tried in the treatment of your headaches in the past. Please check all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Amitriptyline | <input type="checkbox"/> Gabapentin (Neurontin) | <input type="checkbox"/> Diltiazem (Cardizem) |
| <input type="checkbox"/> Citalopram (Celexa) | <input type="checkbox"/> Topiramate (Topamax) | <input type="checkbox"/> Nifedipine |
| <input type="checkbox"/> Doxepin | <input type="checkbox"/> Valproic acid (Depakote) | <input type="checkbox"/> Nimodipine |
| <input type="checkbox"/> Fluoxetine (Prozac) | <input type="checkbox"/> Timolol | <input type="checkbox"/> Verapamil |
| <input type="checkbox"/> Fluvoxamine | <input type="checkbox"/> Atenolol | <input type="checkbox"/> Candesartan |
| <input type="checkbox"/> Mirtazapine | <input type="checkbox"/> Metoprolol | <input type="checkbox"/> Enalapril |
| <input type="checkbox"/> Nortriptyline (Pamelor) | <input type="checkbox"/> Nadolol | <input type="checkbox"/> Irbesartan |
| <input type="checkbox"/> Paroxetine (Paxil) | <input type="checkbox"/> Propranolol | <input type="checkbox"/> Lisinopril |
| <input type="checkbox"/> Prtotriptyline | <input type="checkbox"/> Losartan | <input type="checkbox"/> Ramipril |
| <input type="checkbox"/> Sertraline (Zoloft) | <input type="checkbox"/> Olmesartan | <input type="checkbox"/> Valsartan (Diovan) |
| <input type="checkbox"/> Venlafaxine (Effexor) | <input type="checkbox"/> Divalproex sodium | |

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