

PATIENT WORKSHEET AND TREATMENT PLAN FOR HEADACHES

Headache Management Class/Program
 Department of Neurology
 Kaiser Permanente, San Rafael Medical Center
 Established patients may call as needed at 415-444-2905

Patient Name _____
 Medical Record Number _____
 Date _____

The Headache Management class is intended to review your symptoms and help you to refine your particular headache diagnosis. After discussion you should be able to identify the various components of your headache problem. If you need further clarification, please ask (don't guess).

My headache type/types include: (Circle any or all that are appropriate)

Tension/Stress	Cervicogenic (originating from the neck)	TMJ	
Analgesic Rebound	Caffeine (or other substance) withdrawal)	List:	
Sinus/allergy related	Cluster	Depression/anxiety	Hypertension
Migraine:	Common migraine	Hormonally related migraine (menstrual/ovulatory)	
	Migraine with aura	Migraine equivalent	Complicated migraine
Other: (list)			

Immediate treatment for my headache type(s) will be:

Headache type:	Treatment steps
1.	
2.	
3.	

Follow-up Schedule:

One month telephone visit _____ 3 month survey _____ 6 month visit _____

If headache persists or seems unusual in nature, I will call my primary care provider: (list name and telephone number) _____.

Remember to refer to the list of recommendations on the reverse side of this sheet.