Romeo K. Fernandez, M.D., P.A.

Pediatric Neurology

7000 W Palmetto Park Road, Suite 307, Boca Raton, FL 33433

Telephone:(561) 288-5990 Fax: (954) 391-5008

Follow-up Headache Form

Patient's Full Name: ____ **Date of Birth**: ____________________

Date of Visit: ______________________________ **Appointment Time**: ____________________

Where does the headache pain start?

[ ]temples [ ]back of the head [ ]forehead [ ]around the eyes [ ]top of the head [ ]neck area

Does the pain move around? [ ]YES [ ]NO

If yes, please describe where the pain moves: ____

Describe the severity of the pain (*circle one*):

Slight 1 2 3 4 5 6 7 8 9 10 Worst

Describe the pain (*check all that apply*):

[ ]throbbing/pulsating [ ]sharp [ ]pressure [ ]dull [ ]band-like, squeezing

[ ]other: ____

How long do the headaches last? [ ]minutes [ ]hours [ ]days

How often are the headaches? #times: ______ [ ]per day [ ]per week [ ]per month

Are the headaches getting worse? [ ]YES [ ]NO

When do the headaches usually occur? (*check all that apply*):

[ ]Early morning [ ]Afternoon [ ]Evening [ ]Late at night/during sleep

Associated symptoms with headaches (*check all that apply*):

[ ]vision problems [ ]light sensitivity [ ]fevers [ ]anxiety

[ ]blurring vision [ ]noise sensitivity [ ]cold or sweaty [ ]irritability

[ ]loss of vision [ ]smell sensitivity [ ]face looking pale/sweaty [ ]difficulty concentrating

[ ]loss of visual fields [ ]nausea [ ]slurred speech [ ]fatigue

[ ]eye redness [ ]vomiting [ ]difficulty talking [ ]weakness

[ ]tearing [ ]loss of appetite [ ]loss of awareness [ ]lightheadedness

[ ]runny nose [ ]pain when chewing [ ]sensation problems [ ]dizziness

[ ]neck stiffness/tenderness [ ]other: ____

Possible triggers for the headache (*check all that apply*):

[ ]physical activity [ ]sleeping too little [ ]anxiety [ ]menstrual cycles

[ ]bending over [ ]missing a meal [ ]depression [ ]other: ______________________

[ ]straining [ ]not staying hydrated [ ]stress ______________________

What makes the headaches better?____