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

Initial Headache Form

Name: ____________________ **DOB:**__________ **DOV:** ____________

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, then 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: ______________________________

When do the headaches usually occur? (*check all that apply*): [ ]Morning [ ]Afternoon [ ]Evenings

[ ]At night/during sleep [ ]Other: ______________________________

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

How often are the headaches? # times: ______ [ ]per week [ ]per month [ ]daily/constant

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

How long (days/months/years) have you been experiencing the headaches described above?

____

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

[ ]vision problems
[ ]nausea
[ ]sensation problems
[ ]irritability
[ ]blurring vision
[ ]vomiting
[ ]difficulty talking
[ ]runny nose
[ ]loss of vision
[ ]loss of appetite
[ ]slurred speech
[ ]loss of awareness
[ ]loss of visual fields
[ ] face looking pale or sweaty
[ ]weakness
[ ] anxiety
[ ]tearing
[ ]pain on chewing
[ ]dizziness
[ ]cold or sweaty
[ ]eye redness
[ ]neck stiffness or tenderness
[ ]lightheadedness
[ ] fatigue
[ ]light sensitivity
[ ]difficulty concentrating
[ ]fevers
[ ]smell sensitivity
[ ]noise sensitivity

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

[ ]physical activity
[ ]depression
[ ]not staying hydrated
[ ]missing a meal
[ ]sleeping too little
[ ]straining
[ ]menstrual cycles
[ ]anxiety
[ ]stress
[ ]bending over

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

Any family relatives with headaches? [ ]YES [ ]NO

If yes, then please describe: ______________________________

____

____

What makes the headaches better? ______________________________

____

____

Any previous medical professional treatment for headaches? [ ]YES [ ]NO

If yes, please specify: ______________________________

Have you had any of the following labs? [ ]YES [ ]NO

__ MRI When: ______________________

__ CT When: ______________________