

**ALLERGY & ASTHMA SPECIALISTS, P. A.**

825 Nicollet Mall, Suite 1149  
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Name \_\_\_\_\_ Occupation \_\_\_\_\_ Date \_\_\_\_\_

Sex \_\_\_\_\_ Marital status \_\_\_\_\_ Age \_\_\_\_\_ Number of children \_\_\_\_\_

How many types of headaches do you have? \_\_\_\_\_

When did your headaches first start? \_\_\_\_\_

Are you aware of any event or circumstances that seemed to precipitate when your headaches first started?  
\_\_\_\_\_

How often do you get headaches? \_\_\_\_\_

Does anything trigger your headaches? \_\_\_\_\_

Do you have any warning that a headache is about to occur? (Describe)  
\_\_\_\_\_

Describe the pain as to:

PATTERN: Have you noted any time of the day, week, month, or year when your headaches appear? \_\_\_\_\_

LOCATION: Where is the pain? \_\_\_\_\_

PROGRESSION: Does the pain move from one area to another?  
\_\_\_\_\_

QUALITY: Describe the pain? (pressure, stabbing, sharp, etc.)  
\_\_\_\_\_

**Which of the following precede or accompany your headaches (circle):**

- |                       |                   |                        |
|-----------------------|-------------------|------------------------|
| Light sensitivity     | Noise sensitivity | Runny nose             |
| Stuffy nose           | Red eyes          | Watery eyes            |
| Itchy eyes            | Unsteadiness      | Nausea                 |
| Vomiting              | Diarrhea          | Constipation           |
| Blind spots           | Flashes of light  | Blurred vision         |
| Difficulty swallowing | Dizziness         | Difficulty with speech |
- Numbness or tingling: where? \_\_\_\_\_

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How many cups of coffee, tea, or cola do you drink per day? \_\_\_\_\_

If female, do your headaches have any relationship to your menstrual cycle or pregnancies?

\_\_\_\_\_

How long do these headaches last if you take medications? \_\_\_\_\_

How long do these headaches last if you do NOT take medications? \_\_\_\_\_

How many hours of sleep do you normally get each night? \_\_\_\_\_

Do you sleep soundly? \_\_\_\_\_

Do you ever awaken with a headache? \_\_\_\_\_

Does a headache ever awaken you from a sound sleep? \_\_\_\_\_

Does a headache ever prevent you from falling asleep? \_\_\_\_\_

What medications have you taken in the past to prevent headaches?

\_\_\_\_\_

What medications have you taken in the past to treat headaches once they occur?

\_\_\_\_\_

What medications do you currently take? Dosage and how often.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What other methods do you use to prevent or relieve your headaches?

\_\_\_\_\_

What other family members have headaches? \_\_\_\_\_

Have you seen other doctors for your headaches? If yes, list whom.

\_\_\_\_\_

What treatments were given to you? (Biofeedback, acupuncture etc.)

\_\_\_\_\_

What tests have been done? (CAT scans, MRI, X-ray, etc.)

\_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

Have you ever had a seizure or convulsion? \_\_\_\_\_

How have your headaches affected your daily activities and lifestyle?

\_\_\_\_\_

What do you think cause your headaches?

\_\_\_\_\_