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COMPREHENSIVE CASE HISTORY FOR HEADACHES

- How long have you had headaches? _____
- How and when did they start? _____
- Are the headaches getting worse than they used to be, better, or staying the same: _____
- Do you have the same kind of headache all of the time or do you get more than one kind of headache? _____
- Where is the pain (location)? _____
- What does the pain feel like? (pounding, squeezing, stabbing, other?) _____
- Are other parts of your body involved when you have a headache? (e.g. nausea, vomiting, dizziness, vision changes, numbness, weakness, or other symptoms?) _____

- What do you do when you get a headache? _____
- Do you have to stop what you are doing (playing, working, studying)? Yes No
- What helps your headache feel better or worse? _____
- Is there anything you do that makes your headache worse? _____
- Does taking medicine or eating foods give you a headache or make a headache worse? _____

- Is there anything special that causes you to get a headache? _____

- Do you get headaches at any certain time? What time of the day generally? Any pattern? On weekends? _____
- Do you wake up at night or in the morning with headaches: Yes No
- Do you have any warning signs that a headache is about to start? Yes No If yes, please explain _____
- Are you taking any medicines for your headaches or for other reasons? Yes No If yes, please list _____

- Do you have any other health problems or allergies? Yes No _____

- Does anyone else in your family get headaches? Yes No If yes, who and what kind? _____

- What do you think might be causing your headaches? _____