Headache Log
www.ourfamilydoctors.net

Name:

Date	Time of onset	Time headache ended	Activity prior to headache	Location of headache ie: front, back	Pain scale 0-10 10 as worst pain
June 3, 2009	*2 : 00 p.m.*	*9 : 15 p.m.*	*Watching T.V.* ***EXAMPLE***	*Top of head*	*8*
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Medication taken and time	Effectiveness of medication	Triggers ie: stress, alcohol, bright light	Associated symptoms ie: nausea, dizziness
Ibuprofen 600 mg at 2:10 p.m.	*Did not help*	*Finished a large meal*	*Blurred vision, loud noises hurt, nausea*

Physician Instruction:

Return for follow-up office visit in: **1 week** **2 weeks** **1 month** **3 months**

PLEASE BRING THIS LOG WITH YOU TO YOUR NEXT FOLLOW-UP OFFICE VISIT