

HEADACHE CLINIC INITIAL VISIT NOTE

CC: Headache

Referred by:

HPI:

HAs began:

Location:

Quality:

Severity:

Duration:

Frequency:

Temporal course:

Onset:

Time of day:

Pain Free between Attacks:

Aura:

Ass'd Symptoms:

Nausea:

Vomiting:

Photophobia:

Phonophobia:

Osmophobia:

Allodynia:

Blurred Vision:

Double Vision:

Vertigo/dizziness:

Neck pain:

Autonomic features:

Eye tearing:

Eye redness:

Ptosis:

Nose running:

Nasal congestion:

Foreign body sensation:

Associated with menses:

Triggers:

Relieving factors:
Exacerbating factors:
Positional:
Worse with Valsalva:
History of Head Trauma:

Treatment present:
Preventive:
Acute:

Treatment in past:
Preventive:
Acute:

Testing:
MRI:
Ophthalmologic:

Current Medications:

PMH:

PSH:

Fhx:

Social/Work History:

Occupation:

Tobacco:

ETOH:

Drugs:

Caffeine:

Hydration:

Diet:

Exercise:

Sleep:

Mood:

Physical Exam:

General: NAD

Neck: normal ROM, no ttp

No tenderness to palpation over the occipital grooves, sinuses, supraorbital nerves, auriculotemporal nerves, traps b/l.

Fundoscopy: discs sharp bilaterally

Mental Status: Awake, alert and fully oriented to self, location. Speech is fluent without paraphasic errors or word-finding hesitation. Following commands. No neglect. Fund of knowledge normal.

CN's:

II, III, IV, VI: PERRL, EOMI. VFF. No nystagmus. Normal saccades and pursuit.

V and VII: Facial sensation and motor function are normal.

VIII: Intact to finger rub bilaterally.

IX: The palate rises symmetrically on volition and reflex.

XI: Shoulder shrug and head rotation normal bilaterally.

XII: The tongue protrudes midline without atrophy or fasciculations.

Motor: Normal muscle bulk and tone throughout. Strength is 5/5 on confrontation throughout. No abnormal movements

Sensory: Intact and symmetric to LT throughout

DTRs: 2+ throughout, symmetric.

Coordination: FNF intact, no dysmetria

Gait and Station: Normal casual gait and arm swing. Normal tandem.

Assessment:

Plan:

Workup:

Prevention:

Lifestyle Modifications:

- Headache Diary
- discussed good sleep hygiene
- discussed eating regular meals at consistent times and avoiding skipping meals, proper nutrition
- encouraged maintaining adequate hydration (at least 2 L of non-caffeinated beverages) and regular exercise
- discussed the strong link between headache and mood

Pharmacologic Preventives:

Abortive:

RTC

Murray Choueka, MD
Director, Headache Medicine
Department of Neurology
Maimonides Medical Center