

Headache Consultation

Location: _____

Radiation of Symptoms (i.e. Forehead, Temples, Jaw, Occipital, Crown):

Is an aura typically present?

Onset of symptom:

Frequency of headaches per week or month:

Are the headaches accompanied by vomiting?

Palliatives: What makes the headaches better?

Rest

Medication

Dark Room

None

Other (List) _____