

# Headache/migraine patient intake form

If you have any questions about your headaches/migraines, talk to your doctor

First name \_\_\_\_\_ Middle \_\_\_\_\_ Last name \_\_\_\_\_ DOB \_\_\_\_\_

Years experiencing headache/migraine: \_\_\_\_\_

## Headache/migraine frequency

About how many **days per month** are you completely **headache-/migraine-free** (No headache at all)? \_\_\_\_\_

On average, how many **hours per day** do your headaches/migraines last?

- 0-3                       4-7                       8-11                       12+

Over the past **3 months**, how has your headache/migraine frequency changed?

- Getting them more often       Getting them less often       No change

## Headache/migraine symptoms

What symptoms do you **normally have** with your headaches/migraines? (Check all that apply)

- Moderate or severe pain       Nausea                       Vomiting                       Sensitivity to light  
 Sensitivity to sound               Pain on one side or in specific areas               Pulsating pain

On average, how many days **per month** do you have one or more of these headache/migraine symptoms?

- 0-4                       5-9                       10-14                       15+

On average, **how painful** are your headaches/migraines?

- Not very painful                       Somewhat painful                       Painful                       Very painful

## How headache/migraine affects your daily life

How many **days last month** did you miss work or school due to headaches/migraines?

- 0                       1-2                       3-4                       5+

How many **days last month** did you cancel plans due to headaches/migraines?

- 0                       1-2                       3-4                       5+

How many **times last year** did you go to the ER because of headaches/migraines?

- 0                       1-2                       3-4                       5+

◀ Please fill out other side

Please fill out other side ▶

## FOR OFFICE USE ONLY

	Baseline	Current (For re-authorization)	Reduction from baseline (For re-authorization)
Headache days/month			
Migraine days/month			
Headache hours/day			
Disability due to headache/migraine:	_____		

Diagnosis of Chronic Migraine	Check one
G43.709 – Chronic migraine without aura, not intractable, without status migrainosus	<input type="checkbox"/>
G43.719 – Chronic migraine without aura, intractable, without status migrainosus	<input type="checkbox"/>
G43.701 – Chronic migraine without aura, not intractable, with status migrainosus	<input type="checkbox"/>
G43.711 – Chronic migraine without aura, intractable, with status migrainosus	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**Note:** This form provides information commonly used by payer plans to determine prior authorization. It is intended for reference only and does not guarantee approval. Nothing in this document is intended to serve as reimbursement or legal advice, a guarantee of coverage, or a guarantee of payment for treatment. Please be sure to check payer policies for the most up-to-date information. The decision about which code to report must be made by the provider/physician considering the clinical facts, circumstances, and applicable coding rules, including the requirement to code to the highest level of specificity.

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## Headache/migraine treatments

Preventive treatment examples <sup>1-3,*</sup>	Treatment name (Write in the treatments you've taken)	Dose (If you remember)	Results (Write in how well it worked and why you stopped taking it, if applicable)
<b>Antidepressants</b> (Eg, amitriptyline, <sup>†</sup> <i>Effexor XR</i> <sup>®1</sup> /venlafaxine <sup>1</sup> )			
<b>Antiseizure medications</b> (Eg, <i>Depakote</i> <sup>®</sup> /divalproex sodium, <i>Qudexy XR</i> <sup>†</sup> / <i>Topamax</i> <sup>®</sup> / <i>Trokeni XR</i> <sup>®1</sup> /topiramate, valproic acid)			
<b>Beta-blockers</b> (Eg, metoprolol, <sup>†</sup> nadolol, <sup>†</sup> propranolol, <i>Tenormin</i> <sup>®1</sup> /atenolol, <sup>†</sup> timolol)			
<b>Calcium channel blocker</b> (Eg, flunarizine <sup>1</sup> )			
<b>Other</b>			

\*Preventive treatments are taken on a schedule to prevent headaches/migraines before they even start.

<sup>†</sup>Not FDA approved for the prevention of migraine.

Over the past **3 months**, how do you feel your headache/migraine preventive treatments are working?

- Not at all
  Not well
  Average
  Well
  Very well

Acute treatment examples <sup>†</sup>	Treatment name (Write in the treatments you've taken)	Dose (If you remember)	Results (Write in how well it worked and why you stopped taking it, if applicable)
<b>Analgesics/NSAIDs</b> (Eg, acetaminophen, aspirin, diclofenac, ibuprofen, naproxen, etc)			
<b>Ergot alkaloid derivatives</b> (Eg, ergotamine, dihydroergotamine)			
<b>Triptans</b> (Eg, rizatriptan, sumatriptan, zolmitriptan, etc)			
<b>Other</b>			

<sup>†</sup>Acute treatments are taken after a headache/migraine has started to help reduce pain.

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Drug name	Dose	Outcome
		<input type="checkbox"/> Effective <input type="checkbox"/> Sub-optimal <input type="checkbox"/> Intolerant <input type="checkbox"/> Contraindicated <input type="checkbox"/> Failed
		<input type="checkbox"/> Effective <input type="checkbox"/> Sub-optimal <input type="checkbox"/> Intolerant <input type="checkbox"/> Contraindicated <input type="checkbox"/> Failed
		<input type="checkbox"/> Effective <input type="checkbox"/> Sub-optimal <input type="checkbox"/> Intolerant <input type="checkbox"/> Contraindicated <input type="checkbox"/> Failed
		<input type="checkbox"/> Effective <input type="checkbox"/> Sub-optimal <input type="checkbox"/> Intolerant <input type="checkbox"/> Contraindicated <input type="checkbox"/> Failed

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_

**References:** **1.** Silberstein SD, Holland S, Freitag F, Dodick DW, Argoff C, Ashman E. Evidence-based guideline update: pharmacologic treatment for episodic migraine prevention in adults. *Neurology*. 2012;78(17):1337-1345. **2.** Goadsby PJ, Sprenger T. Current practice and future directions in the prevention and acute management of migraine. *Lancet Neurol*. 2010;9(3):285-298. **3.** Silberstein SD. Topiramate in migraine prevention: A 2016 perspective. [published online ahead of print November 30, 2016]. *Headache*. doi:10.1111/head.12997.



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