

HEADACHE HISTORY FORM



Instructions:

Since headaches tend to run in families, it's helpful to know **who else in the family gets headaches**, what those headaches are like, and any treatments that have or haven't helped those headaches. This helps to figure out what's going on with you, and gives some good clues about creating the best treatment plan.

You may not know that much about a relative's headaches, and that's okay!

Just fill in what you can and leave the other boxes blank.

Family member's first name: _____

Relationship to your child: _____

(e.g. mom, maternal grandma, etc.)

Type of headache: _____

(migraine, tension headache, etc.)

Frequency: _____

Age of person when headaches first started: _____

Treatments that have helped:

Treatments that haven't helped:



Anything else that you know about this person's headaches:

(like other pain experiences they have, any allergies, and any other symptoms that happen with their headaches)

Additional family members?



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