

Migraine Questionnaire

You have been referred to Dr Andrew Kelly at Nexus Neurology for assessment and management of migraine. Please complete the following questionnaire and return it, along with any relevant documentation that you may have.

Your completed questionnaire will help us see you more promptly and better plan your treatment.

Full Name: _____ DOB: _____

How many days per month do you suffer with **headache**? _____

In the last **month**, how many days have you had **no head pain at all**? _____

When you have a headache:

YES NO

- Do you experience nausea or vomiting? (Can you eat a full meal as normal?)
- Are you sensitive to light? (Do you need to lie down in a dark room?)
- Do loud noises bother you? (Are you more comfortable in a quiet place?)
- Does physical activity bother you? (Can you climb a flight of stairs as normal?)
- Does the headache affect: one side of your head / both sides of your head?

Any other symptoms:

Which **MEDICATIONS** have you tried **without success**?

Epilim (Valproate) _____

Endep (Amitriptyline) _____

Deralin/Inderal (Propranolol or a beta blocker) _____

Topamax (Topiramate) _____

Pizotifen (Sandomigran) _____

Periactin (Cyproheptadine) _____

Signature: _____ Date: _____

Please return your completed form as soon as possible via one of the following:

Email: reception@nexusneurology.com.au (scanned documents only, no photographs)

Fax: 08 9312 1576

Mail: Nexus Neurology, Suite 42, Wexford Medical Centre, 3 Barry Marshall Parade, Murdoch WA 6150