

Baylor Neuroscience Center
Comprehensive Headache Center
9101 North Central Expressway
Suite 400
Dallas, Texas 75231
Phone: 214-820-9272
Fax: 214-820-9003

PATIENT HEADACHE HISTORY QUESTIONNAIRE

Name: _____ Date of Birth: _____

Marital Status: _____ Home Address: _____

Occupation: _____

Referring Doctor: _____ Referring Doctors Address: _____

Referring Doctor's Phone number: _____

Please provide the names of any other healthcare providers that you see for your headaches:

1. _____ 2. _____ 3. _____

Please write a concise statement describing what is your primary concern that you wished to be addressed today related to your headaches: _____

Please provide a brief history of your primary headache concern: _____

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Allergies or Adverse Events

Allergies or Adverse Events (side effects) to medicines (allergy is usually manifested by rash, wheezing, swelling of lips, tongue or other portion of body. Adverse event is usually manifested by other unusual changes in how one feels that happen with each dose of a medicine for example nausea. Also tell us if these events were too bad for you to continue taking your medicine)

Instructions for pages 2-8: check all that apply

Past Medical History

Eye/ear/nose/throat

- | | | | | |
|--|---|--|---|------------------------------------|
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Optic neuritis | <input type="checkbox"/> Blindness | <input type="checkbox"/> Double vision | <input type="checkbox"/> Cataracts |
| <input type="checkbox"/> Eye injury/trauma | <input type="checkbox"/> Blurred vision | <input type="checkbox"/> Glasses/contact | <input type="checkbox"/> Recurrent ear infections | |
| <input type="checkbox"/> Recurrent sinusitis | <input type="checkbox"/> Ringing in ears (tinnitus) | <input type="checkbox"/> Deafness | <input type="checkbox"/> Difficulty swallowing | |

Cardiovascular

- | | | |
|---|---|---|
| <input type="checkbox"/> High blood pressure (hypertension) | <input type="checkbox"/> Low blood pressure (hypotension) | |
| <input type="checkbox"/> Heart Attack (myocardial infarction) | <input type="checkbox"/> Angina/chest pain | <input type="checkbox"/> Congestive heart failure |
| <input type="checkbox"/> Rapid heart rate (tachycardia) | <input type="checkbox"/> Slow heart rate (bradycardia) | <input type="checkbox"/> Atrial fibrillation |
| <input type="checkbox"/> Arrhythmia (irregular heart rhythm) | <input type="checkbox"/> heart murmur | <input type="checkbox"/> rheumatic heart disease |
| <input type="checkbox"/> High cholesterol | <input type="checkbox"/> mitral valve prolapse | |
| <input type="checkbox"/> Poor blood (cold extremities/ pain in calf when walking) | | <input type="checkbox"/> varicose veins |
| <input type="checkbox"/> Raynaud's (discoloration of hands/feet/pain) | <input type="checkbox"/> blood clot in small vein | |
| <input type="checkbox"/> DVT (Deep Vein Blood) | <input type="checkbox"/> Pulmonary Embolus (PE, Blood clot in lung) | |

Respiratory

- | | | | |
|--|---|------------------------------------|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> COPD (emphysema, chronic bronchitis) | <input type="checkbox"/> Pneumonia | |
| <input type="checkbox"/> Lung cancer | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Wheezing | <input type="checkbox"/> Chronic cough |
| <input type="checkbox"/> Shortness of breath at rest | <input type="checkbox"/> shortness of breath with activity | | |

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Bones/Joints/Muscles

- Osteoarthritis Rheumatoid arthritis Fibromyalgia Lupus Gout
 Connective tissue disease

Hormones

- Diabetes Mellitus (type 1 or type 2) Hypothyroidism (low thyroid) Hyperthyroidism (elevated thyroid)
 Cushing's disease Addison's Disease

Blood Disorders

- Anemia Bleeding Disorder (hemophilia, von Willebrands' disease, etc.) Lymphoma
 Leukemia HIV AIDS

Skin

- Psoriasis Skin Cancer Melanoma Cosmetic BOTOX

Stomach and Intestines

- Ulcer (stomach or intestine) Esophagitis Hepatitis Pancreatitis Gallstones
 GERD (acid reflux) Barrett's Esophagus Crohn's Disease
 Ulcerative colitis Diverticulosis Stomach Cancer Polyps
 Irritable Bowel Syndrome Sprue (Gluten intolerance) Lactose intolerance
 Cancer (where? _____)

Kidney and Bladder

- Kidney Stones Recurrent Urinary Tract Infections Pyelonephritis Urinary Retention
 Bladder or kidney cancer

Men's Health

- Enlarged prostate (BPH) Erectile dysfunction/ impotence Prostate Cancer Low Testosterone

Women's Health

- Endometriosis Fibroids Breast Cancer Ovarian Cancer
 Menstrual irregularities Birth Control pills (also vaginal inserts/patch/implant)
 Menopause perimenopause (hot flashes/mood/sleep) Fibrocystic Breast Disease

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Mood Disorders/ Psychologic

- Depression Anxiety Panic Attacks Bipolar disorder (manic depression)
- Schizophrenia Suicidal Ideations PTSD (post traumatic stress disorder)

Neurologic Disorders

- Alzheimer's Disease other cause of dementia Stroke
- Transient Ischemic Attack (TIA/ "mini-stroke") Aneurysm Seizure/Epilepsy
- Parkinson's Disease Multiple Sclerosis Meningitis Encephalitis
- Fainting (Syncope) Pseudotumor Cerebri (elevated spinal fluid pressure)
- Arnold-Chiari Malformation Tremor Brain Tumor Paralysis Slurred Speech
- Head Trauma Concussion Loss of Consciousness Coma SubDural hematoma
- Brain Hemorrhage Muscle disorder nerve injury neuropathy herniated disc (pinched nerve)

Previous Surgical History

- Adenoids Aneurysm Clipping Arnold-Chiari Decompression Surgery
- Appendix (Appendectomy) Arthroscopy Biopsy Brain Surgery
- Bunion Removal Cataract(s) Removal Caesarean Section (C-section) Ear Tubes
- Gall Bladder (Cholecystectomy) Gastric Bypass Gastric Sleeve Hip Replacement
- Iridectomy/Glaucoma surgery LASIK Kidney Stone Extraction Knee Replacement
- Laparoscopy Lumpectomy Moh's Surgery Nissen Fundoplication (for acid reflux)
- Thyroid Surgery Tonsils Tubal Ligation Uterus (Hysterectomy)
- Vasectomy Other surgery (list: _____)

Past Inpatient Hospitalizations (not Emergency department or outpatient procedures/same day surgery)

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Family History

- Hypertension (high blood pressure) Coronary Artery Disease Other Heart Disease
 Hypercholesterolemia (high blood fats) other Vascular Disease Kidney Disorders
 Stroke (also TIA) Alzheimer or other cognitive degenerative disorder Brain Tumor
 Cancer (where and who _____)
- Seizures or epilepsy Parkinson Disease or other movement disorder) Tremor
 Multiple Sclerosis Neuropathy Diabetes Asthma Emphysema
 Chronic Bronchitis Stomach ulcers Liver Problems Pancreatitis
 Gluten/Dairy Sensitivity Bowel disorders Kidney stones other kidney disorder
 Depression Anxiety or Panic Disorder

Social History

Marital status: Single (never married) Divorced or widowed Married Long term live together
Usual daily Caffeine intake (number of 8 oz cups for coffee or brewed tea/12 oz servings (soft drinks, iced tea)

Alcohol intake (weekly average consumption): Glasses/cans/bottles of Beer glasses of wine
 servings of mixed drinks or hard alcohol other

Other Substance use: marijuana other substance use

Tobacco use: never used discontinued use Cigarettes per day chews/snews per day
 other tobacco use

Education (check highest level completed) grade school level 8 high school (level 12)
 Technical/Trade school 1-2 years of College College Graduate Degree
 Professional School

Current other problems besides headache: _____

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Eye/ear/nose/throat

- Double vision Blurred vision Change in vision or change Glasses/contact Recurrent ear infections
- Recurrent sinusitis Ringing in ears (tinnitus) Difficulty swallowing change in ability or sense of smell
- change in hearing painful to speak or open jaw dental problems

Cardiovascular

- High blood pressure (hypertension) Low blood pressure (hypotension) Angina/chest pain
- Rapid heart rate (tachycardia) Slow heart rate (bradycardia) Arrhythmia (irregular heart rhythm)
- High cholesterol Poor blood circulation (cold extremities/pain in calf when walking) varicose veins
- Raynaud's (discoloration of hands/feet/pain) swelling of feet/lower legs

Respiratory

- Wheezing Chronic cough shortness of breath at rest shortness of breath with activity

Bones/Joints/Muscles

- Swelling of joints (which ones?) _____
- Stiffness of joints (which ones?) _____
- muscle pain neck pain low back pain weakness

Hormones

- Undue hunger undue or unusual thirst Undue weight loss Undue weight gain
- Heat intolerance cold intolerance

Blood Disorders

- Bleed easily bruise easily or in unusual spots swollen glands Frequent infections

Skin

- rashes change in skin color generalized swelling or puffiness

Stomach and Intestines

- Sprue (Gluten intolerance) Lactose intolerance Heart burn abdominal pain diarrhea
- constipation other food intolerance blood on tissue blood on stool
- black or tar like stool yellowing of eyes skin

Kidney and Bladder

- incontinence pain with urination blood in urine

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Men's Health

- Frequent night time awakening to urinate difficulty initiating urination Erectile dysfunction/ impotence

Women's Health

- Menstrual irregularities Birth Control pills (also vaginal inserts/patch/implant)
 perimenopause (hot flashes/mood/sleep) pain with menses pain at ovulation infertility
 breast lump sexual dysfunction
 Premenstrual Dysphoric Syndrome (PMS, mood changes, fluid retention, other discomfort)

Mood Disorders/Psychologic

- Depressed Anxious Panic Attacks mood swings
 Suicidal Ideations hallucinations racing thoughts poor memory/recall

Neurologic Disorders

- Seizure Fainting (Syncope) Tremor Paralysis Slurred Speech
 Head Trauma Concussion Loss of Consciousness balance disorder (vertigo/dizziness)
 numbness in extremity or face abnormal uncomfortable sensation in extremity or face
 muscle weakness difficulty getting up from chair without using arms unsteady walking falls
 uncontrolled twitches difficulty speaking difficulty finding right word

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Headache history: for each item below on pages 9-13 place a mark in each blank that applies to you (If you have more than 1 distinct type of headache use the #1 for the one that is the primary reason for your visit (or the most disabling headache), use successive numbers for other headaches. If you are uncertain or don't know how to answer an item, place a question a question mark in the blank.

My headaches began for the first time when: I was a young child in my teenage years in my 20's
 in my 30's in my 40's in my 50's after age 60.

My headaches began for the first time: for no reason I can see from an accident or injury
 because of _____

My headaches usually occur: many times in an hour (about how many? _____)
 multiple times per day (about how many? _____) every day or almost everyday every week
 several times per month monthly every once in awhile no pattern at all

My headaches, if I don't take medication for them, will usually last: seconds less than a minute
 minutes less than 30 minutes less than an hour less than several hours half of a day
 all day until I sleep it off several days they don't really stop

My headaches, if I take medication effectively for them will usually last: minutes less than 15 minutes
 less than 30 minutes less than an hour several hours half of a day
 until I sleep it off days or longer or doesn't really go away

My headaches, if I don't treat them effectively are usually:
 mild (does not interfere with normal activities) moderate (can still do things but would prefer not to)
 severe (have to significantly reduce what I do) incapacitating (have to be in bed or at complete rest)

My headaches: are present when I wake up wake me from a sound sleep
 build up to full intensity in less than 10 minutes in less than an hour take a while to buildup or don't vary

My headaches may be started by: stress or tension anxiety other mood changes fatigue
 changes in my sleep routine insomnia daytime naps certain foods or drinks alcohol
 caffeinated beverages not drinking caffeinated beverages perfumes or other odors loud noise
 bright or glaring lights fluorescent lights watching TV sitting at a computer neck problems
 exercise coughing/sneezing/bending other physical activity work/school weather change
 barometric change lightening other causes: _____

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I know my headache is coming 2 hours to 2 days before it begins because I get: food cravings nausea
 mood changes sleep problems bursts of energy fatigue neck tension

I know my headache is coming 5 minutes to more before it begins because I get: blurred vision
 I get narrowing of my vision I lose all vision in one eye I see spots I see flashes
 I see wavy lines I see geometric figures I see honeycomb patterns I see crescent shapes
 I have numb or tingling sensation in on one side of my body, arm, leg or face
 I lose all or most of my ability to use an arm or leg I have difficulty getting words out
 I smell odors that aren't there I get dizzy I experience a sensation of spinning

If I have these any of these symptoms above they usually last minutes and occur about
 minutes before my pain starts or after the pain starts

My headache occurs: over my entire head as a band around my head On only one side at a time
 always on the same side in my forehead in my neck on one side of my face
 in or behind my eyes around the bridge of my nose in one single spot
 in a very small area but in different spots at different times at the top of my head around my jaw joint
 in my jaw or teeth in a temple at the back of my head

My headache pain: throbs pulsates or pounds aches is a pressure feels sore

When I have a headache I also experience: increased sensitivity to light increased sensitivity to noise
 increased headache when I bend over, or exert myself at all increased headache when I lay down
 Increased headache when I stand up watery eye or tears stuffy nose runny nose
 dilation of a pupil droopy eyelid facial weakness sweating look flushed
 look pale or sickly get bags under my eyes have pain down the front or side of my neck
 have pain in my neck notice my heart races notice my heart beats slower loose my appetite
 feel nauseated or sick to my stomach vomit get loose bowel movements
 get numb or tingling sensations in my arm, leg and or face
 lose the ability in part or completely to use my arm or leg lose the ability to speak clearly

Headaches occur in my family with: my mother my father an aunt an uncle a grandparent
 a brother or sister my kids

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Women ONLY:

My headaches occur: at ovulation a few days before my menses once my menses start
 when on birth control when taking hormones came on when I started having menses
 began when I was pregnant went away during pregnancy got worse when I became peri-menopausal
 got better when I became menopausal

I am a good sleeper take more 15 minutes to fall asleep wake up regularly during the night
 wake up at 3 or 4 in the morning when I don't need to I have been told I snore
 I have sleep apnea and use my machine regularly have sleep apnea but don't use a machine or don't use it regularly

Current Medical Treatments for My headaches (name/dose/frequency of taking/for how long):

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____

Current treatments for my Headache that are non medicinal or natural

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

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Treatments I have been given in the past for when a headache occurs (no longer taking):

- Amerge (naratriptan) Axert (almotriptan)
- Cafergot (ergotamine plus caffeine and or belladonna) Cambia (diclofenac powder)
- DHE-45 (dihydroergotamine) injection Migranal (dihydroergotamine) nasal spray
- Imitrex (sumatriptan) tablet nasal spray injections needle free injection (Sumavel dosepro)
- Maxalt (rizatriptan) tablet melts Relpax (rizatriptan)
- Treximet (sumatriptan with naproxen sodium) Zomig (zolmitriptan) tablet melt
- Caffeinated analgesics (Excedrin, Anacin, Midol, Goody powders, Vanquish)
- Butalbital containing analgesics (Fioricet, Fiorinal, Esgic, Dolgic, Zebutal)
- Codeine containing analgesics (Tylenol #3 or #4, Fiorinal with codeine)
- Hydrocodone containing analgesics (Lorcet, Lortab, Vicodin, Norco, Vicoprofen, Zydone)
- Oxycodone containing analgesics (Oxy IR, Percocet, Percodan, Roxicodone, Roxicet, Tylox)
- Stadol (butorphanol) Tramadol containing analgesics (Ultram, Ultracet, Rybix) Talwin (pentazocine)
- Isometheptene containing (Epidrin, Midrin, Migraten) Ibuprofen containing (Advil, Nuprin, Motrin)
- Naproxen containing analgesics (Aleve, Naprosyn, Naprelan)
- Other Non steroidal anti-inflammatory pain relievers: diclofenac(Cambia,Cataflam) diflunisal (Dolobid)
- Etodolac flurbiprofen(Ansaid) Indomethacin (Indocin) ketorolac (Toradol, Sprix)
- Orudis (Ketoprofen) Aspirin Acetaminophen (Tylenol)
- Muscle Relaxants: Flexeril, Amrix (Cyclobenzaprine) Lioresal (baclofen) Norflex (Orphenadrine)
- Norgesic (orphenadrine, aspirin, caffeine) Parafon forte (Chlorzoxazone) Robaxin (Methocarbamol)
- Skelaxin (Metaxalone) Soma (Carisoprodol) Zanaflex(tizanidine)
- Other acute treatments: _____

Medicines I have been used for prevention of headaches in the past (no longer taking):

- Antidepressants: amoxapine Anafranil (clomipramine) Azilect (rasagiline) Celexa citalopram
- Cymbals (duloxetine) Deseryl (trazodone) Effexor (venlafaxine) Elavil (amitriptyline)
- Emsam, Zelapar (selegiline) Lexapro (escitalopram) Limbitrol (amitriptyline+ diazepoxide)
- Luvox (fluvoxamine) Maprotiline Marplan (isocarboxazid) Nardil (phenelzine)
- Norpramin (Desipramine) Pamelor (nortriptyline) Paxil (paroxetine) Pristiq (desvenlafaxine)
- Prozac, Symbyax, Sarafem, (fluoxetine) Remeron (mirtazapine) Savella (milnacipran)
- Serzone (nefazodone) Surmontil (trimipramine) Tofranil (imipramine)
- Triavil (amitriptyline + perphenazine) Viibryd (vilazodone) Vivactil (protriptyline)
- Wellbutrin, Budeprion, Aplenzin, Zyban (bupropion) Zoloft (sertraline)

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Beta Blockers: Betapace (sotalol) Blocadren (timolol) Brevibloc (esmolol) Systolic (Nebivolol)
Core (carvedilol) Corgard (nadolol) Inderal (propranolol) Kerlone (betaxolol)
Levatol (penbutolol) pindolol Spectral (acebutolol) Tenormin (atenolol)
Toprol/Lopressor (metoprolol) Trandate (labetalol) Zebeta (bisoprolol)

Calcium Channel Blockers: Calan/Isoptin (verapamil) Cardene (nicardipine)
Cardizem, Tiazac (diltiazem) DynaCirc (isradipine) felodipine flunarizine
Procardia, Adalat (nifedipine) Nimotop (nimodipine) Norvasc (amlodipine) Sular (nisoldipine)

Anti-Seizure/Anti-Epileptic/Mood Stabilizers: Depakote (valproic acid/divalproex)
Diamox (acetazolamide) Dilantin (phenytoin) Gabatril (tiagabine) Keppra(levetiracetam)
Lamictal (lamotrigine) Lyrica (pregabalin) Neurontin, Gralise, Horizant (gabapentin) phenobarbital
Tegretol, Carbatrol(carbamazepine) Topamax (topiramate) Trileptal (oxcarbazepine)
Vimpat (lacosamide) Zonegran (zonisamide)

Anti-Inflammatory Preventative Medicines: Anaprox DS, Naproxen (naproxen sodium) Ansaid (flurbiprofen)
Cambia, Cataflam, Voltaren Arthrotec (diclofenac) Celebrex (celecoxib) Clinoril (sulindac)
Daypro (oxaprozin) Dolobid (diflunisal) Feldene(piroxicam) Indocin (indomethacin)
Lodine (Etodolac) Meclofenamate Mobic (meloxicam) Nalfon (Fenoprofen)
Orudis (Ketoprofen) Ponstel (mefenamic acid) Relafen (nabumetone)
Tolectin (tolmetin sodium) Tolmetin

Other Classes of medications: Botox (onabotulinumtoxinA)
Bellergal/Bellarmino (ergotamine with belladonna alkaloids) Buspar (buspirone)
Corticosteroids (dexamethasone, methylprednisolone, prednisone) Haldol (haloperidol)
Thorazine (chlorpromazine) Zyprexa (olanzapine) Risperdal (risperidone)
Eskalith/Lithobid (lithium carbonate) Benadryl Lidoderm (lidocaine patch) lidocaine nose drops
Periactin (cyproheptadine) Sansert () Methergine (Methylergonovine) Aricept (donepezil)
Abilify (aripiprazole) Seroquel (quetiapine) Geodon (ziprasidone) Inapsine (droperidol)
Loxitane (loxapine) fluphenazine perphenazine Compazine (prochlorperazine)
Razadyne (galantamine) Exelon (rivastigamine) Namenda (memantine)

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Treatments I have taken in the past that were natural or non medicinal

- B2 (riboflavin) B5 (pyridoxine) Other B vitamins (_____)
- Vitamin D Magnesium Feverfew Petadolex (Petasides/ Butter bur root) Ginseng
- SAME (other natural products, please list: _____)
- Manual Therapy (Osteopathic/Chiropractic/Physical Therapy/Craniosacral) Homeopathy
- Chinese Natural Medicine Acupuncture (also acupressure) Trigger point injections
- occipital nerve blocks other nerve blocks facet joint blocks Epidural steroids (ESI)
- TENS unit (transcutaneous nerve stim) Occipital or other Nerve Stimulation Implants

Previous Diagnostic Testing

- CBC (complete blood count) past 6 months Past year
- Blood Chemistry profile past 6 months Past year
- EKG (electrocardiogram) past 6 months Past year
- Spinal tap to measure pressure past 6 months Past year
- Spinal tap for analysis: past 6 months Past year

Other Blood work (include approximate date)

- Thyroid hormones past 6 months Past year
- Female hormones (estrogen, estradiol, progesterone, FSH, LH) past 6 months Past year
- Male hormone (testosterone) past 6 months Past year
- CT Scan of head (with dye infusion) past 6 months Past year
- CT scan of head (without dye infusion) past 6 months Past year
- CT scan of sinuses past 6 months Past year
- CT scan of Cervical Spine (neck) past 6 months Past year
- CT Angiogram (blood vessels in head) past 6 months Past year
- MRI of head (with dye infusion/contrast) past 6 months Past year
- MRI of head (without dye infusion/contrast) past 6 months Past year
- MRA Intracranial (arteries in head) past 6 months Past year
- MRA extracranial (arteries in neck) past 6 months Past year
- MRV (veins in head) past 6 months Past year
- Transcranial Doppler (soundwave study of blood flow in head) past 6 months Past year
- Echocardiogram (sound wave study of heart and valve) past 6 months Past year
- TransEsophageal Echocardiogram (sound wave study of heart through the esophagus) past 6 months Past year
- EEG (recording of electrical activity of brain) past 6 months Past year
- Ambulatory EEG (recording of electrical activity of the brain over several days) past 6 months Past year
- PET Scan fMRI Other tests (specify _____)

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