



**YOUR MEDICAL HISTORY
HEADACHE RELATED
MEDICATIONS AND TREATMENTS**

**Please circle the medications that you have tried for whatever reason in the past since headaches first began.
Star the medications that have helped reduce headache.**

ANTICONVULSANTS:

Carbamazepine (TEGRETOL)
Gabapentin (NEURONTIN)
Lamotrigine (LAMICTAL)
Levetiracetam (KEPPRA)
Oxcarbamazepine (TRILEPTAL, CARBITROL)
PHENOBARBITOL
Phenytoin (DILANTIN)
Pregabalin (LYRICA)
Primidone (MYSOLINE)
Tiagabine (GABITRIL)
Topiramate (TOPAMAX)
Valproate (DEPAKOTE)
Zonisamide (ZONEGRAN)
Other: _____
Other: _____
Other: _____

ANTIDEPRESSANTS:

Amitriptyline (ELAVIL)
Amoxapine (ASENDIN)
Bupropion (WELLBUTRIN, ZYBAN)
Citalopram (CELEXA)
Clomipramine (ANAFRANIL)
Desipramine (NORPAMIN)
Desvenlafaxine (PRISTIQ)
Doxepin (SINEQUAN)
Duloxetine (CYMBALTA)
Fluoxetine (PROZAC)
Fluvoxamine (LUVOX)
Imipramine (TOFRANIL)
Maprotiline (LUDIOMIL)
Minalcipran (SAVELLA)
Mirtazepine (REMERON)
Nefazodone (SERZONE)
Nortriptyline (PAMELOR)
Paroxetine (PAXIL)

ANTIDEPRESSANTS continued:

Phenelzine (NARDIL)
Protriptyline (VIVACTIL)
S-Citalopram (LEXAPRO)
Sertraline (ZOLOFT)
Tranylcypromine (PARNATE)
Trazodone (DESYREL)
Venlafaxine (EFFEXOR)
Other: _____
Other: _____
Other: _____

ANTI-HISTAMINES:

Cyproheptadine (PERIACTIN)
Diphenhydramine (BENADRYL)
Hydroxyzine (VISTARIL, ATARAX)
Meclizine (ANTIVERT)
Orphenadrine (NORFLEX)
Other: _____
Other: _____

ANTI-HYPERTENSIVE/Blood Pressure:

Amlodipine (NORVASC)
Atenolol (TENORMIN)
Benazepril (LOTENSIN)
Bisoprolol (ZEBETA)
Captopril (CAPOTEN)
Candesartan (ATACAND)
Clonidine (CATAPRES)
Diltiazem (CARDIZEM)
Enalapril (VASOTEC)
Eposartan (TEVETEN)
Flunarazine (SIBELIUM)
Irbesartan (AVAPRO)
Lisinopril (PRINIVIL, ZESTRIL)
Losartan (COZAAR)
Metoprolol (LOPRESSOR, TOPROL)



ANTIHYPERTENSIVE/Blood Pressure continued:

Nadolol (CORCARD)
Nicardipine (CARDENE)
Nifedipine (PROCARDIA)
Nimodipine (NIMOTOP)
Nisoldipine (SULAR)
Propranolol (INDERAL)
Telmisartan (MICARDIS)
Timolol (BLOCADREN)
Valsartan (DIOVAN)
Verapamil (CALAN, VERELAN)
Other: _____
Other: _____

ANTINAUSEANTS:

Alosetron (LOTRONEX)
Chlorpromazine (THORAZINE)
Dolasetron (ANZAMET)
Droperidol (ANAPSINE)
Granisetron (KYTRIL)
Metoclopramide (REGLAN)
Ondasetron (ZOFRAN)
Perphenazine (STELAZINE)
Prochlorperazine (COMPAZINE)
Promethazine (PHENERGAN)
Trimethobenzamide (TIGAN)
Other: _____
Other: _____

ATYPICAL NEUROLEPTICS:

Aripiprazole (ABILIFY)
Olanzapine (ZYPREXA)
Quetiapine (SEROQUEL)
Risperdone (RESPERDAL)
Ziprasidone (GEODON)
Other: _____

ERGOTS:

Bromocriptine (PARLODEL)
DHE (D.H.E.-45, MIGRANAL, LEVADEX)
Ergonovine/Ergometrine
Ergotamine (CAFERGOT)
Methylergonovine/Methylegometrine (METHERGINE)
Methysergide (SANSERT)
Other: _____

LEUKOTRIENE ANTAGONISTS:

Montelukast (SINGULAIR)
Zafirlukast (ACCOLATE)
Zileuton (ZIFLO)
Other: _____

MUSCLE RELAXANTS:

Baclofen (LIORESAL)
Carisoprodol (SOMA)
Chlorzoxazone (PARAFON FORTE)
Cyclobenzaprine (FLEXERIL, AMRIX)
Metaxalone (SKELAXIN)
Methocarbamol (ROBAXIN)
Orphenadrine (NORFLEX)
Tizanidine (ZANAFLEX)
Other: _____
Other: _____

NEUROTOXINS:

BOTOX (Type A)
DYSPORT (Type A)
MYOBLOC (Type B)

NMDA Glutamate Antagonists

Dextromethorphan
Ketamine
Memantine (NAMENDA)
Other: _____

OPIOIDS/NARCOTICS:

Buprenorphine (SUBUTEX)
Buprenorphine/Nalaxone (SUBOXONE)
Butorphanol (STADOL)
Codeine
Fentanyl (DURAGESIC)
Hydrocodone (LORCET, LORTAB, NORCO, VICODIN
XODOL, ZYDONE)
Hydromorphone (DILAUDID)
Levorphanol (LEVODROMERAN)
Meperidine (DEMEROL)
Methadone
Morphine
Oxycodone (PERCOCET, OXYIR)
Oxymorphone (OPANA)
Pentazocine (TALWIN)



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OPIOIDS/NARCOTICS continued:

Propoxyphene (DARVON)
Tramadol (ULTRAM)

SEROTONIN-2 ANTAGONISTS:

Cyproheptadine (PERIACTIN)
Pizotifen (SANDOMIGRAN)

STEROIDS:

Dexamethasone (DECADRON)
Methylprednisolone (MEDROL DOSEPAK, SOLUMEDROL)
Prednisone

TRANQUILIZERS

BENZODIAZEPINES/MILD TRANQUILIZERS:

Alprazolam (XANAX)
Buspione (BUSPAR)
Chlorazepate (TRANXENE)
Chlordiazepoxide (LIBRIUM)
Clonazepam (KLONOPIN)
Diazepam (VALIUM)
Flurazepam (DALMANE)
Lorazepam (ATIVAN)
Midzolam (VERSED)
Oxaxepam (SERAX)
Temazepam (RESTORIL)
Triazolam (HALCION)
Zolpidem (AMBIEN)

SLEEPERS:

Eszopiclone (LUNESTA)
Melatonin
Ramelteon (ROZEREM)
Zaleplon (SONATA)
Other: _____

TRIPTANS:

Almotriptan (AXERT, ALMOGRAN)
Eletriptan (RELPAX)
Frovatriptan (FROVA)
Naratriptan (AMERGE, NARAMIG)
Rizatriptan (MAXALT)
Sumatriptan (IMITRIX)
Sumatriptan/Naproxen Sodium (TREXIMET)
Zolmitriptan (ZOMIG)
Other: _____

MISCELLANEOUS

Acetaminophen (TYLENOL)
ANACIN
Butalbital (ESGIC, FIORINAL/CET, PHRENILIN)
Isometheptene/Dichloralphenazone/APAP (MIDRIN,
DURADRIN)
Lithium

ANTI-INFLAMMATORIES/COX-2 INHIBITOR:

Celecoxib (CELEBREX)
Etoricoxib (ARCOXIA)
Rofecoxib (VIOXX)
Valdecoxib (BEXTRA)

ANTI-INFLAMMATORIES/NON-STEROIDAL/NSAIDs:

Aspirin
Diclofenac (CAMBIA, CATAFLAM, FLECTOR,
VOLTAREN)
Etodolac (LODINE)
Flurbiprofen (ANSAID)
Indomethacin (INDOCIN)
Ibuprofen (ADVIL, MOTRIN)
Ketoprofen (ORUDIS, ORUVAIL)
Ketorolac (TORADOL)
Meclofenamate (MECLOMEN)
Mefenamic Acid (PONSTEL)
Meloxicam (MOBIC)
Nabemetone (RELAFEN)
Naproxen/Naproxen Sodium (ALEVE, ANAPROX,
NAPRELAN, NAPROSYN)
Piroxicam (FELDENE)
Sulindac (CLINORIL)

HERB, MINERAL, VITAMIN, SUPPLEMENT & OTCs:

Coenzyme Q10
Excedrine
Feverfew
Magnesium
Melatonin
Oxygen
Petasites/Butterbur Root (PETADOLEX)
Riboflavin/Vitamin B2
Other: _____
Other: _____



NON-DRUG/BEHAVIORAL TREATMENTS:

Acupuncture
 Biofeedback
 Chiropractor
 Heat/Cold
 Massage Therapy
 Nerve Blocks
 Physical Therapy
 Sleep/Quiet
 Stimulator
 Surgery/Ablation
 Trigger Point Injections
 Other: _____
 Other: _____

OTHER MEDICATIONS/TREATMENTS:

Other: _____
 Other: _____
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 Other: _____
 Other: _____

STIMULANTS:

Albuterol (Proventil, Ventolin, Volmax, Vospire)
 Atomoxetine (Strattera)
 Benzphetamine (Didrex)
 Caffeine
 Dexmethylphenidate (Focalin)
 Dextroamphetamine (Dexadrine, Adderall)
 Methylphenidate (Concerta, Metadate, Ritalin)
 Nicotine
 Yohimbine

CAFFEINE USE:

How much per day? _____

BIRTH CONTROL PILLS or OTHER FORMS OF ESTROGEN: (Yes) (No)

Any recent change? _____

History of Motion Sickness? (Yes) (No)

Family History of Headache? (Yes) (No)

If female, history of menstrual headaches? (Yes) (No)

Average hours of sleep per night? _____

Weight stable? (Yes) (No) If not how much over how long have you lost or gained? _____

Exercising? (Yes) (No) How often and for how long? _____

Stress? (Yes) (No) From what? _____

Missing work, school or other responsibilities? (Yes) (No) How much? _____

Any related testing? What? _____

