

Headache Questionnaire and Consent

Today's Date _____

Patient Name _____ DOB _____

How long have you been having headaches?

3 months or more? Y or N _____

(a) Number of Headache days per month

15 days or more per month? Y or N _____

(b) Number of Hours a day they last

Lasts 4 hours a day or longer? Y or N _____

This Month Calculated Headache hours per month (a * b): _____

PREVIOUS Month Headache hours per month: _____ Change (+/-) _____

ER visits due to headaches? Y or No, # of visits _____, Last Visit date _____

Disabilities cause by headaches? (School, Work, etc) _____

Associated Symptoms:	Nausea:-	Never,	Sometimes ,	Always
	Vomiting:-	Never,	Sometimes,	Always
	Visual Disturbance:-		Never,	Sometimes , Always

What Doctors have you seen for headaches and how long did you see them?

Have you ever been treated with BOTOX for headaches? Y/N, If yes , explain: _____

What Medications have you taken for Headaches and what were the results?

Name of Medication	Strength	Begin Dates	End Date	Class of Med ***	Prescribed By?

** We recommend you bring a copy of your headache diary for our records.

I consent to release of my identifiable and confidential information to the BOTOX® reimbursement solutions hotline for the purpose of verifying my insurance benefits for BOTOX® and its administration and/or for assisting with a prior authorization?

Signature: _____ Date: _____

**** CLASS of Meds: # 1 Antidepressants, #2 Antihypertensive, #3 Antiepileptics,
#4 ACEI + Calcium Channel Blocker #5 ACE Inhibitors**

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Class of Meds: #1- Antidepressants

Circle each medication you have tried:

- | | | |
|----------------------|---|------------------------------|
| 1. Citalopram/Celexa | 2. Escitalopram/Lexapro tablets or solution | 3. Fluoxetine/Prozac/Sarafem |
| 4. Fluoxetine/Luvox | 5. Paroxetine/Paxil/Pexeva/Brisdelle | 6. Sertraline/Zoloft |

Indicate any adverse side effects or WHY THIS MED DID NOT WORK OUT FOR YOU?

Class of Meds: #2 Antihypertensive/Beta blockers

Circle each medication you have tried:

- | | | | |
|-----------------------|---------------------------|-----------------------|-------------------------------|
| 1. Felodipine/Plendil | 2. Losartan/Cozaar | 3. Valsartan/Diovan | 4. Hydrochlorothiazide/Diovan |
| 5. Atenolol/Tenormin | 6. Nadolol/Corgard | 7. Labetalol/Trandate | 8. Bisoprolol/Zebeta |
| 9. Carvedilol/Coreg | 10. Labetalol or Trandate | | |

Indicate any adverse side effects or WHY THIS MED DID NOT WORK OUT FOR YOU?

Class of Meds: #3 Antiepileptics

- | | | | |
|---------------------------|--------------------------|------------------------------|-------------------------|
| 1. Aptiom/Eslicarbazepine | 2. Carbamazepine/Tegreto | 3. Oxcarbamazepine/Trileptal | 4. Levetiracetam/Keppra |
| 5. Distat/Valium | 6. Dilantin/Equetero | 7. Phenobarbital | 8. Divalproex ER or DR |
| 9. Phenytek | 10. Ethosuximide | 11. Phenytoin | 12. Gabapentin |
| 13. Lamatrigine | 15. Primidone | 16. Topiramate | 18. Zonisamide |

Indicate any adverse side effects or WHY THIS MED DID NOT WORK OUT FOR YOU?

Class of Meds: #4 ACEI + Calcium Channel Blockers

- | | | |
|--|--------------|----------|
| 1. Benazepril or Amlodipine or Norvasc or Benazeprilat | 2. Prestalia | 3. Tarka |
| 4. Trandolapril or Mavik or Verapamil | | |

Indicate any adverse side effects or WHY THIS MED DID NOT WORK OUT FOR YOU?

Class of Meds: #5 ACE Inhibitors

- | | | |
|--------------------------------------|-------------------------|-------------------------|
| 1. Benazepril or Lotensin | 2. Captopril or Capoten | 3. Enalapril or Vasotec |
| 4. Lisinopril or Zestril or Prinivil | | |

Indicate any adverse side effects below using the number associated with the medication(s) circled above:
