

Patient Headache Calendar

Return completed forms to:
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www.myheadachedoctor.com

Day of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Check <input type="checkbox"/> if Headache																																
Peak Pain 1 = Mild 2 = Moderate 3 = Severe 4 = Can't bear it																																
Average Pain (1 to 4)																																
Level of Disability N = Normal R = Reduced I = Incapacitated																																
Onset of Pain (<u>A</u> m, <u>P</u> m, <u>E</u> ve, <u>S</u> leep)																																
Hours of Pain																																
Associated Symptoms? Aura? (A) Nausea? (N) Vomiting? (V)																																
Acute Treatment? (N = None, #1,2,3) #1 _____ #2 _____ #3 _____																																
Relief? Y = Yes N = No																																
Menses? <input type="checkbox"/> days																																

NAME: _____ MONTH: _____ YEAR: _____