

Headache

Focused History

History of Present Illness

1. **Character/circumstances:** Throbbing, pressure, shooting, burning; under what circumstances did it start; what is the patient's concern?
2. **Location**
3. **Exacerbating/alleviating factors:** Light, sound, certain foods, inhalations, certain head positions or activities.
4. **Radiation**
5. **Associated symptoms (before or during the headache):** Fever, systemic symptoms, nausea, vomiting, photophobia/phonophobia, visual problems (blurring, field cuts, scintillating scotomata, palisades), any focal neurological symptoms (tingling or weakness).
6. **Severity:** On a scale of 1–10, or does it interfere with sleep, activity, or work?
7. **Timing:**
 - ∅ Pattern: Intermittent or constant, change in pattern?
 - ∅ Onset?
 - ∅ Duration of each headache and of the headache syndrome?
 - ∅ Why is the patient coming to the office now?
8. **Relevant past medical history:**
 - ∅ Recent viral illnesses?
 - ∅ Any underlying diseases, i.e., hypertension, cervical arthritis, or eye disease?
 - ∅ Any history of headaches or head trauma?
 - ∅ Any current or recently stopped medications?
 - ∅ Allergies?
9. **Relevant social history:** Alcohol, smoking, caffeine intake (include tea and soda).
10. **Relevant family history:** Migraines, other.