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Senior/FAA Employee/HIMS AME

Migraine and Chronic headache Status Report Worksheet

Patient Name:_____DOB::_____

Condition stable on current regimen and no changes in treatment recommended:

Yes No

Type of migraine or headache:

Classic/Common Migraine	Y	N
Chronic Tension headache	Y	N
Cluster Headache	Y	N

Other: _____

Frequency more than one episode per month? Y N

If yes, how often per month: _____

In the last year, has the patient:

Been hospitalized for migraine or chronic headaches?	Y	N
Had more than 2 outpatient clinic/urgent care visits for migraines or chronic headaches?	Y	N
If seen in the clinic/urgent care, did the symptoms fully resolve with the treatment?	Y	N

Experienced symptoms:

Have they been only mild and controlled with medications? Y N

Of the symptoms experienced, did they include:

Neurological or TIA-type symptoms?	Y	N
Vertigo?	Y	N
Syncope?	Y	N
Mental status changes?	Y	N

Other: _____

Medications include:

Preventive:

Daily calcium channel blockers or beta blockers only for prophylaxis? Y N

Side effects: None or _____

Abortive:

OTC headache medications?	Y	N	Airman please note:
Triptans?	Y	N	(24 hour no fly)
Metoclopramide (Reglan)?	Y	N	(48 hour no fly)
Promethazine (Phenergan)?	Y	N	(96 hour no fly)
Injectable medications or narcotics?	Y	N	Not allowed

_____ _____ _____

Treating Physician's Signature | Physician's Printed Name | Date

Expert FAA Medical Assistance!

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