

Headache diary

Please remember to bring this diary to your appointments. If we cannot review it, we may not be able to adjust treatment and in some cases may need to stop treatment.

How to complete the diary

Key

- X = Migraine
This means headache with symptoms such as: light or visual intolerance, sensitivity to noise, nausea and vomiting, dizziness, vertigo, sensitivity to smell and, or any symptoms that affect your movement (e.g., numbness).
- / = Headache: For headache/pain only
- (Blank) = No Headache / Migraine

2024	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	X	/		
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Please total the number of your headache (/) and migraine (x) in the columns at the end of each month.

Your details

Name:
Date of birth:
MRN:
NHS number:

Medication and dates of _____injection.

Contact us

Email: rf.headache@nhs.net

Headache specialist nurse

Tel: 020 7794 0500, extension 39575.

Navigator

Tel: 020 7794 0500, extension 38245.

Alternative formats

This leaflet is also available in large print. If you need this leaflet in another format – for example Braille, a language other than English or audio – please speak to a member of staff.

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