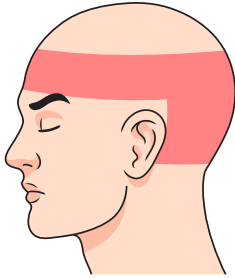
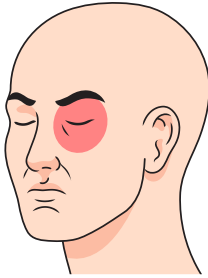
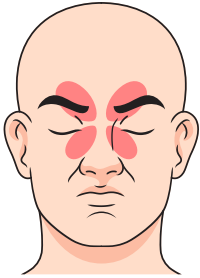
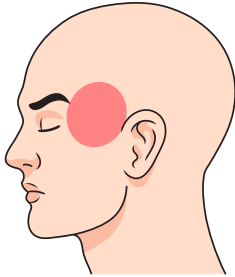
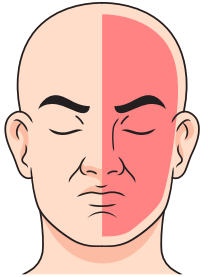
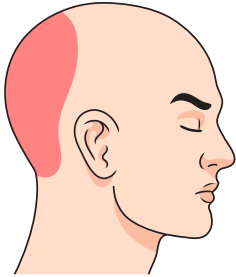


Headache Chart

Patient's name:		Date:							
									
Stress	Cluster	Sinus							
									
TMJ	Migraine	Hypertension							
Headache type:									
Date:		Time:							
Duration:		Frequency:							
Pain severity (1 being the lowest and 10 the highest):									
1	2	3	4	5	6	7	8	9	10
Description of the pain:									
Possible triggers:									
Other symptoms:									
Treatment and medication taken (if any):									
Notes:									