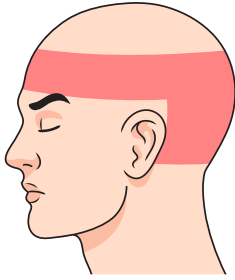


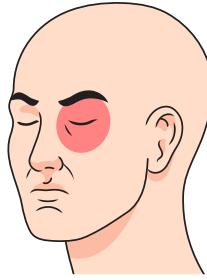
Headache Chart

Patient's name:

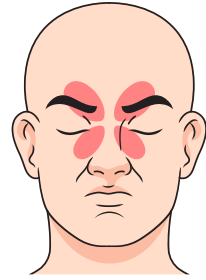
Date:



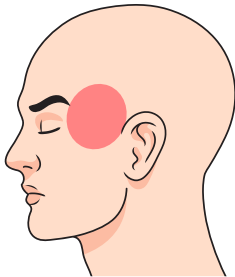
Stress



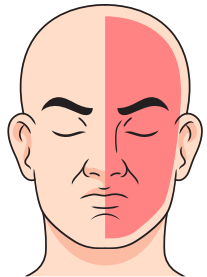
Cluster



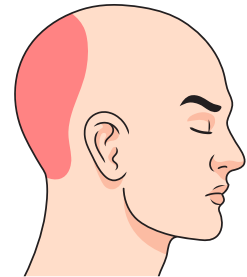
Sinus



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: