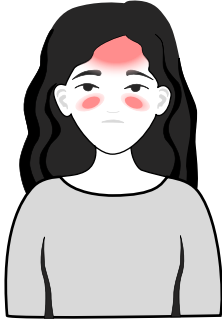


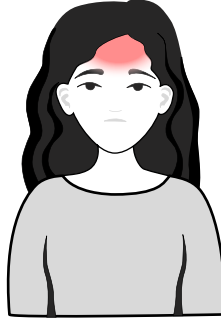
Headache Chart

Name: _____ Date: _____

Types of Headaches



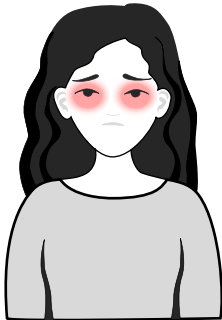
SINUS



**TENSION
AND STRESS**



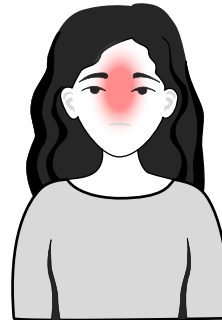
MIGRAINE



**CLUSTER
HEADACHE**



TMJ DISORDER



**ALLERGY
HEADACHE**

Headache Type: _____ Pain Severity (1-10): _____

Notes: