## **Migraine Treatment Guidelines**

| Patient Information  |
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| Name:  |
| Age:   |
| Gender: [] Male [] Female [] Other:  |
| Medical History:   |
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| Allergies:   |
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| Essential Treatment Guidelines for Migraine  |
| 1. Acute Treatment Options:  |
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| <ul> <li>Over-the-counter medications such as NSAIDs or acetaminophen.</li> <li>Triptans for moderate to severe migraines.</li> </ul>    |
| <ul> <li>Combination medications for refractory migraines.</li> </ul>  |
| 2. Patient Education and Lifestyle Modifications:  |
| <ul> <li>Encourage consistent sleep patterns and stress management.</li> </ul>   |
| <ul> <li>Identify and avoid migraine triggers.</li> <li>Educate patients on the importance of regular exercise and hydration.</li> </ul> |
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| 3. Individualized Treatment Plans:   |
| <ul> <li>Tailor treatment based on migraine frequency, severity, and patient preference.</li> </ul>                                      |
| <ul> <li>Consider comorbidities and potential medication overuse.</li> </ul>   |
| 4. Preventive Therapy:   |
| <ul> <li>Offer preventive medications for patients with frequent or disabling migraines.</li> </ul>                                      |
| <ul> <li>Discuss the potential benefits and risks of preventive treatments.</li> </ul>   |
| 5. Regular Follow-up and Monitoring:   |
| <ul> <li>Schedule follow-up appointments to assess treatment effectiveness and adjust as needed.</li> </ul>                              |

Monitor for medication overuse and adherence to treatment plans.

| Diagnostic Methods and Tests  |
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| Clinical Evaluation:          |
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| Physical Examination:         |
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| Headache Diary:               |
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| Imaging Studies:              |
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| Recommended/Common Treatments |
| 1. Acute Treatment Options:   |
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| 2. Preventive Therapy:        |
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| 3. Lifestyle Modifications:           |
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| Migraine-related ICD and/or CPT Codes |
| ICD-10 Codes:                         |
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| CPT Codes:                            |
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| Additional Comments                   |
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| Signatura                             |
| Signature                             |
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| Date:                                 |