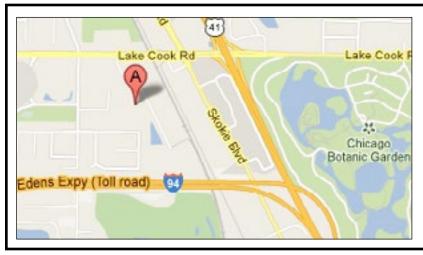
STRESS FORM

Robbins Headache Clinic

Name:	Date:
How did you hear about the practice?	
If referred, name & phone number of referring physician:	
Do you have any siblings? Names and ages (if applicable)	
Describe briefly (personality traits, medical problems, etc.):	
Father:	
Mother:	
List several traits which best describe your personality:	
History of clinical/counseling intervention: Yes No	
If yes, was it Inpatient or Outpatient (circle one) Dates:	Currently ongoing: Yes No
Primary Therapist was/is: (circle one) Psychiatrist Marriage Counse	elor Psychologist Social Worker
Other (Please describe)	
Primary reason for seeing the above:	
	

Current areas in which I am under stress include the following: (circle all that apply)

Work	Marriage	Relationship/Interactions w/ parents
School	Financial Pressure	Relationship/Interactions w/ children
Time Management	other (please list below)	none of the above
Please elaborate briefly or	any items checked above:	
Please note if any of the fo	ollowing apply to you: you may elal	borate briefly on any that apply
History of alcoholism in fa	mily	
Emotional abuse as a child		
Physical abuse as a child _		
Early or recent head injury		
·		
Suicidal thoughts (past or	oresent)	
Friends and family membe	rs do not understand or appreciate	the nature of your headaches:



Robbins Headache Clinic

Lawrence Robbins, MD Brooke Phenicie, NP-C

60 Revere Drive, Suite 330 Northbrook, IL 60062 (847) 480-9399 Our office is located south of Lake Cook Road on Revere Drive in Northbrook. Revere is one stoplight west of Skokie Boulevard and two stoplights east of Northbrook Court Shopping Center.

Visit us at www.chicagoheadacheclinic.com

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the <u>last 2 weeks</u> , he by any of the following put (Use "" to indicate your		Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasur	0	1	2	3	
2. Feeling down, depresse	0	1	2	3	
3. Trouble falling or stayin	0	1	2	3	
4. Feeling tired or having I	0	1	2	3	
5. Poor appetite or overea	0	1	2	3	
6. Feeling bad about yours have let yourself or you	0	1	2	3	
7. Trouble concentrating on newspaper or watching	0	1	2	3	
noticed? Or the opposi	slowly that other people could have te — being so fidgety or restless ving around a lot more than usual	0	1	2	3
9. Thoughts that you woul yourself in some way	d be better off dead or of hurting	0	1	2	3
	FOR OFFICE CO	DING 0 +			
	1 01/ 01/102 00	<u> </u>		Total Score	:
	roblems, how <u>difficult</u> have these s at home, or get along with othe		ade it for	you to do y	your
Not difficult at all □	Somewhat difficult □	Very Extremely difficult □ □			

MEDICATION HISTORY FORM

Please highlight or circle medications you have tried, and if they worked or any side effects.

Over the Counter

Aspirin Aleve Excedrin Migraine Anacin

Acetaminophen (Tylenol) Aspirin Free Excedrin Ibuprofen (Motrin, Advil, etc.)

Herbal

Feverfew Vitamin B2 (riboflavin) Petadolex (butterbur) Magnesium Oxide

Prescription Pain Medications

Naproxen Sodium (Anaprox, Naprelan, Naprosyn) Lidoderm Patch

Fioricet (Butalbital, Acetaminophen, Caffeine)

Butrans

Fiorinal (Aspirin/Butalbital/Caffeine) Methadone (Dolophine)

Fiorinal/Fioricet with Codeine/Fiorinal #3 Norgesic, Norgesic Forte, Norflex

Esgic Plus (Acetaminophen/Butalbital/Caffeine)

Tylenol #3 or #4

Esgic (Acetaminophen/Butalbital/Caffeine) Fentora
Phrenilin (Butalbital/Acetaminophen) Oxycontin

Percocet, Percodan, Tylox (Oxycodone) Toradol (Ketorolac) Tabs, injections

Vicodin, Vicoprofen, Lorcet (Hydrocodone)Sprix Nasal SprayMorphine IV/IM MS Contin, Kadian, AvinzaStadol Nasal SprayPanlor Acetaminophen/Caffeine/Dihydrocodeine)Demerol (Meperidine)

Ultram (Tramadol) Ultracet

Headache Medications

Treximet Ergomar SL

Imitrex (Sumatriptan) tablets, Nasal Spray & Injections

Cafergot Tab, supp., Cafergot PB supp.

Maxalt (Rizatriptan) tablet or MLT (dissolves)

Midrin (isomethep/dichloralphen/acet.)

Axert (Almotriptan) Prodrin
Amerge (Naratriptan) DHE IV, IM
Zomig (Zolmitriptan) or ZMT (dissolves), Nasal Spray Cambia

Relpax Migranal Nasal Spray

Froya

Sumavel Dose Pro

Anti Inflammatory

Voltaren (Diclofenac sodium)

Arthrotec

Any other anti inflammatories

Celebrex (Celecoxib)

Mobic (Meloxicam)

Indocin (Indomethacin)

Blood Pressure

Inderal (Propranolol) Verapamil (Calan, Covera HS)

Metoprolol (Lopressor, Toprol XL) Cozaar, Hyzaar

Nadolol (Corgard)

Atenolol (Tenormin)

Benicar

Losartan

Bystolic

Anti-Depressant Medications

Vivactil (Protriptyline) Prozac (Fluoxetine) Pristiq

Elavil (Amitriptyline) Wellbutrin (Buproprion) Paxil (Paroxetine)

Pamelor (Nortriptyline, Aventyl)ViibrydRemeron (Mirtazapine)Doxepin (Sinequan)Zoloft (Sertaline)Trazodone (Desyrel)Desipramine (Norpramin)CymbaltaEffexor (Veniafaxine)

Lexapro (Escitalopran)

Anti-Seizure Medications

Topamax (Topiramate) Depakote Neurontin (Gabapentin), Gralise

Zonegran Gabitril Keppra

Trileptal (Oxcarbamezaapine)

Mood Stabilizer

Lithium (Eskalith, Lithobid) Lamictal (Lamotrigine) Seroquel (Quetiapine), XR

Saphris Abilify Zyprexa

Muscle Relaxers Medications

Skelaxin (Metaxalone) Flexeril (Cyclobenzaprine) Soma (Carisoprodol)

Zanaflex (Tizanidine) Parafon Forte (Chlorzoxazone)

Anti Nausea Medications

Compazine (Prochloperazine) Phenergan (Promethazide) Zofran (Ondansetron)

Reglan (Metoclopramide Tigan (Trimethobenzamide)

Anxiety

Xanax (Alprazolam) Ativan (Lorazepam) Buspar (Buspirone)

Diazepam (Valium) Klonopin (Clonazepam)

Corticosteroids

Medrol Prednisone Decadron Solumedrol PO, IV

Other Medications of Treatment:

Botulinum Toxin (Botox) Trigger Point Shot

ADD / ADHD

Dexedrine Intuniv Adderall Adderall XR Concerta

Vyvanse Ritalin Focalin Focalin XR

Fibromyaligia Sleep Medications

Lyrica Savella Ambien Rozerem Lunesta

Emergency Room

What medications worked in the emergency room?

What medications didn't work in the emergency room?

NEUROLOGICAL INTAKE ASSESSMENT FORM

Date:
Name:
Age: Sex: M F Marital Status:
Name of Spouse:
Name(s) and Age(s) of children:
Education:
Occupation: Spouse's Occupation
What problem have you come in for today?
When did this problem start?
Please state everything that you would like to tell the doctor about this problem:

Have you had a CAT s	scan in the pa	ast? Y or N If so, v	vhen?Results?			
Have you had a MRI in	n the past?	Y or N If so when? _	Results?			
Have you had Blood tests in the past year? Were they Normal?						
Which doctors have you seen for this problem, if any?						
Do you Smoke Cigaret						
			Daily			
Have you had any type	e of problems	s with Addictive Dru	gs in the past?			
Do you tend to be Anx	tious or Nerv	ous?				
Is the Anxiety Mild		_, Moderate	or Severe	?		
Do you have trouble S	leeping	, Going to Sleep	o, or Staying Asleep _	?		
Do you tend to be Dep	ressed? Y or	N When was your la	ast episode?			
Is it Mild	, Moderate		, or Severe			
Other past Medical H	<u>listory:</u>					
Operations?						
Neck Pain?						
Asthma?						
Any other Medical Pro	oblems?					
Side effects or Allergie	es to any me	dications?				
What Medications are	you currently	y taking?				