

MIGRAINE CONSULTATION CHECKLIST

Be prepared for your next doctor's appointment by having the following information to hand:

- Your Migraine Diary
- Your PPS number, GMS number or DPS number
- Your migraine medication history
- The impact of migraine on your life and daily activities



Patient Number: This can be your PPS, GMS or DPS number	
---	--

Pain Medication:

Name of medication	
Date started	
Number of days taking medication per month	

Preventative Medication:

A preventative medication is a medicine prescribed by your doctor that you take on an ongoing basis to reduce the frequency of your migraine attacks

Your **current** preventative medication

Name of current preventative medication	
Dose	
Date started	

Your **previous** preventative medications

Name of medication	
Dose	
Date started	

Name of medication	
Dose	
Date started	

Name of medication	
Dose	
Date started	

Family History of Migraine

IMPACT OF MIGRAINE ON YOUR LIFE:

Personal & Family Life

Work & Professional Life

Impact on daily activities