

OCCUPATIONAL MEDICAL HISTORY IN HEADACHES AND MIGRAINE

Background Information	Family history	Migraine (with or without aura) or Headaches
	Personal history of headache/migraine.	<ul style="list-style-type: none"> ● Type of headache ● Duration of attacks ● Frequency of attacks ● Triggering or aggravating factors ● Medications used and response obtained ● Side effects of prescribed medication ● Life habits: nutrition, physical activity, smoking, alcohol, sleep, etc. ● Intercurrent diseases ● Previous diagnoses of neurological, metabolic, cardiovascular or psychological-psychiatric disease. ● Other (specify)
	Employment history	<ul style="list-style-type: none"> ● Occupation (job title and tasks you perform and have performed in previous jobs). ● Work and meal schedules. ● Shift work, night work, piecework. ● Risks in your current position (specify: bright lights, noise, excessive stress, etc.) ● Other (specify)
Symptomatology associated with Headache or Migraine	Complications	<ul style="list-style-type: none"> ● Neurological ● Psychiatric ● Cardiovascular ● Digestive ● Other (specify)
	Current treatments: Response obtained:	
Basic inspection and examination	<ul style="list-style-type: none"> ● Neurological examination ● Psychiatric assessment-Questionnaire if required ● Pain impact questionnaire 	
Complementary examination by apparatus	<ul style="list-style-type: none"> ● Musculoskeletal ● Respiratory ● Cardiovascular ● Other: 	
Tests performed	Analytics	

	Imaging tests, if available or necessary	CT SCAN, MRI.
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