

Insert office or hospital  
logo here

## Patient Information and Instruction Form

Patient name (insert 1AA)

Date of office visit (insert 1AAA)

You have been diagnosed with (insert 1A)

You have been prescribed the following treatment plan:

- A. Acute treatment: At the earliest sign of a migraine take (insert 1B). If you do not feel pain relief by (insert 1C) hours, take (insert 1D).
- B. Rescue treatment: If you do not feel relief by (insert 1E) hours since your last dose of medication, you can take (insert 1F).
- C. Preventive treatment: You have also been prescribed a medicine that will decrease the frequency and severity of your headaches.
  - a. Take (insert 1G) for (insert 1H).
  - b. After (insert 1H), you should increase the dose to (insert 1I) for (insert 1J).
  - c. After (insert 1J), you should increase the dose to (insert 1K).

### IMPORTANT THINGS TO KNOW:

- 1. After treating (insert 1L) headaches, please call our office if you do not get pain relief from your acute medications.
- 2. If you have been prescribed a preventive medication, please call our office if you do not see an improvement in your headaches after (insert 1M). (It is not unusual for improvements in headache status to progress slowly over 4-12 weeks.)
- 3. If you experience any unusual sensations or adverse events, please call our office.
- 4. You will need to call our office to have your prescription refilled regularly. Please call our office during **daytime office hours** as we are unable to refill selected prescriptions when the office is closed.

**We have rescheduled your follow-up appointment for (insert 1N). It is important to return to the office for this appointment on (insert 1O) so we can make sure the medications are working for you. This is also a time when we can make changes to your treatment plan.**

*Did you know... you can reduce your headaches by maintaining regular sleeping patterns, limiting caffeine, and exercising regularly. One way to help you do this is to keep a written note or diary that details the date of the headache, treatment taken, response to treatment and any recognized triggers.*

## Physician Data Entry Form

<b>Insert</b>	<b>Topic</b>	<b>Example response</b>
1AA	What is the patient's name?	Andrews Phillips
1AAA	What is the date of the office visit?	February 23, 2007
1A	What is patient's diagnosis?	Migraine without aura
1B	What is the acute treatment drug and dose?	1 Imitrex RRT 50 mg tablet
1C	Hours to wait until patient can take a second dose?	2 hours
1D	What medication should be used as a second dose	1 Imitrex RRT 50 mg tablet
1E	After how many hours since their last treatment should the patient wait until they take a rescue medication?	2 hours
1F	What is the patient's rescue medication?	1 Tylenol 3
1G	What is the patient's starting preventive medication and dose?	1 Topamax 25-mg tablet at bedtime
1H	How long should the patient take this dose?	7 days
1I	What should the dose be titrated to?	2 Topamax 25-mg tablets at bedtime
1J	How long should the patient take this dose?	7 days
1K	What should the dose be titrated to?	3 Topamax 25-mg tablets at bedtime
1L	How many headaches should they treat with acute medications before they decide it didn't work?	3
1M	How long should they use their preventive medications before they decide it didn't work?	3 months
1N	When should the patient return for an office visit?	3 months
1O	What is the date and time of their follow-up appointment?	March 3, 2007 at 3:30 PM