



Pediatric Neurology Information-Headaches  
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Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Please answer the following questions to the best of your knowledge. This information will assist us in evaluation of your child's headaches.

1. How long have the headaches been present? \_\_\_\_\_
2. How often do they occur? \_\_\_\_\_
3. Where are they located? \_\_\_\_\_
4. How long do they usually last? \_\_\_\_\_
5. Which family member(s), if any, have now or in the past had severe, recurrent headaches? \_\_\_\_\_

6. Check correct response:	Yes	No
a. child missed school due to headache	___	___
b. school work has changed recently	___	___
c. child stops playing or goes to bed voluntarily when they have a headache	___	___
d. child has been "car sick"	___	___
e. child has had seizure or convulsion	___	___
f. child has had a concussion or skull fracture	___	___
g. child has had behavior problem	___	___
h. child has learning problem	___	___
i. a Doctor has diagnosed "allergy" in child	___	___
j. child has now or had bedwetting problem	___	___
k. headaches awaken child from sleep	___	___
l. headaches occur in morning upon awakening	___	___
m. headaches are common in the afternoon	___	___
n. headaches are often pounding or throbbing	___	___

7. Please check column best describing the effect that food has on the child's headaches:

Food	Increased	Decreased	No Change	Don't Know
Ice cream				
Hot dogs				
Cheese				
Coffee or tea				
Milk				
Coke/Pepsi				
Chinese food				
Chocolate				
Eggs				
Hot soups				
Sugar				
Pizza				
Other				

Please continue on other side

8. How often are the following associated with the child's headache?

	Always	Half the time	Occasional	Never
Nausea				
Stomachache or pain				
Vomiting				
Dizziness				
Passes out				
Slurred speech				
Blurred vision				
Spots/colors in front of eyes				
Numbness/tingling of arms or legs				
Weakness of arms or legs				

9. Please check the column describing the effect upon your child's headaches:

	Increased	Decreased	No Change	Don't Know
Riding in a car				
Exercise/gym				
Reading				
Bright lights				
Watching TV				
Loud sounds				
Aspirin				
Tylenol				
Sleep				
Vacations				
Weekends				
School days				
Quick movements of the head				
Menstrual periods				
other				