THE HEADACHE CLINIC

Specialist Migraine Unit

Migraine Diary

Month								Patient Name							
Date	Time Attack Starts	Duration	Intensity			Ability to function (scale of 1 to 5	Other Symptoms (Visual, Nausea, Sensitivity to light etc)	Medication Taken 1			Medication Taken 2			Hrs/ days lost to work/ Study	Possible Triggers (Stress, Food, Hormones etc)
			Low	Mod.	Severe			Name	Dosage	Effects	Name	Dosage	Effects		

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