CENTRE FOR HEADACHE

76 GRENVILLE ST. – 3RD FLOOR

TORONTO ON M5S 1B2

TEL: 416-323-6136 FAX: 416-323-6007

Please complete and bring to your appointment. Include **all headache and pain medications you are currently using and have tried**, including prescription and over the counter. An example using Topiramate and Advil is provided.

MedicationsTried\_March\_2020

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| **Medication** | **Dose** | **Duration of use** | **Did it help?** | **Side effects** |
| *Topiramate (Topamax ®)* | 50 mg twice daily | April 2015- August 2015 | Reduced headache severity, no change in frequency | Felt depressed |
| *Ibuprofen (Advil ®)* | 400mg | current | No | Stomach upset |
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| **MARIJUANA (CANNABIS)**  Do you use marijuana? YES NO Is it a prescription medication? YES NO  Reason for use\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency of use:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What is the formulation? (eg. Edible, topical, inhaled)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If known, please provide the type: THC CBD Combination and details of your prescription (eg. dosage)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is marijuana helpful to you? YES NO If yes, in what way is it helpful?   * Reduces headache frequency? YES NO Reduces headache intensity? YES NO * Reduces other pain? YES NO ● Reduces nausea? YES NO * Increases relaxation? YES NO * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

Centre for Headache\_November\_2017