

**HEADACHE INTAKE ASSESSMENT FORM**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: M F

MARITAL STATUS: \_\_\_\_\_ NAME OF SPOUSE: \_\_\_\_\_

NAME(S) AND AGE (S) OF CHILDREN: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ SPOUSE'S OCCUPATION: \_\_\_\_\_

DOES ANYONE IN YOUR FAMILY HAVE HEADACHES, OR HAVE THEY HAD MODERATE-TO-SEVERE HEADACHES IN THE PAST? \_\_\_\_\_

HOW OFTEN DO YOU HAVE A MODERATE-TO-SEVERE HEADACHE? \_\_\_\_\_

HOW LONG DO THE SEVERE HEADACHES LAST?

Hours One Day Two Days Three to Several Days

ON A SCALE OF ONE TO TEN, TEN BEING THE WORST, HOW SEVERE ARE THE HEADACHES?

1 2 3 4 5 6 7 8 9 10  
Mild Moderate Severe

HOW OLD WERE YOU WHEN YOU STARTED HAVING HEADACHES? \_\_\_\_\_

DO YOU HAVE SOME TYPE OF HEADACHE EVERY DAY? \_\_\_\_\_

HOW MUCH DO THESE DAILY HEADACHES BOTHER YOU?

Mildly Moderately Severely

WHERE DOES THE PAIN HURT ON THE DAILY HEADACHES? \_\_\_\_\_

WHERE DOES THE PAIN HURT ON THE SEVERE HEADACHES? \_\_\_\_\_

WHAT KIND OF PAIN IS IT?

Sharp Pounding Aching Other: \_\_\_\_\_

DOES YOUR EYE TEAR ON THE SIDE OF THE HEADACHE? \_\_\_\_\_

ARE THE HEADACHES MUCH WORSE IN THE LAST FEW MONTHS? \_\_\_\_\_

ARE THE HEADACHES MUCH WORSE IN THE LAST YEAR? \_\_\_\_\_

DO YOU FREQUENTLY HAVE NAUSEA WITH THESE HEADACHES? \_\_\_\_\_ DOES IT BOTHER YOU? \_\_\_\_\_

DO YOU HAVE ANY VISUAL PROBLEMS, SUCH AS FLASHING LIGHTS OR SPRINKLES OF LIGHT, OR LOSE YOUR VISION TO ONE SIDE WITH A HEADACHE? \_\_\_\_\_

(FOR WOMEN ONLY)

ARE THE HEADACHES MUCH WORSE BEFORE OR DURING THE MENSTRUAL PERIOD?

\_\_\_\_\_ ARE YOU ON ANY BIRTH CONTROL PILL OR HORMONE? \_\_\_\_\_

(Continued on back)

DOES STRESS PLAY A ROLE IN THE HEADACHES? \_\_\_\_\_

CIRCLE THE FOLLOWING IF THESE PLAY A ROLE IN YOUR HEADACHES OR IN PRODUCING AN OCCASIONAL HEADACHE:

- |                 |               |                 |
|-----------------|---------------|-----------------|
| Stress          | Exercise      | Weather Changes |
| Missing a Meal  | Foods         | Cigarette Odor  |
| Bright Sunlight | Perfume Odors |                 |

- |                                    |                    |
|------------------------------------|--------------------|
| After Stress is Over:              | Different Seasons: |
| Under sleeping                     | Summer             |
| Oversleeping                       | Fall               |
| Hormonal Changes,                  | Winter             |
| such as menstrual cycle, Exertion, | Spring             |
| Sexual Activity                    |                    |

DO YOU HAVE VERY COLD FEET AND HANDS IN THE WINTER? \_\_\_\_\_

HAVE YOU HAD A CAT-SCAN FOR THE HEADACHES? \_\_\_\_\_ IF SO, WHEN? \_\_\_\_\_

HAVE YOU HAD AN MRI FOR THE HEADACHES? \_\_\_\_\_ IF SO, WHEN? \_\_\_\_\_

HAVE YOU HAD BLOOD TESTS IN THE PAST YEAR? \_\_\_\_\_ WERE THEY NORMAL? \_\_\_\_\_

HAVE YOU HAD BIOFEEDBACK OR RELAXATION TRAINING FOR HEADACHES? \_\_\_\_\_  
IF SO, HAS IT HELPED? \_\_\_\_\_

WHICH DOCTORS/HEADACHE DOCTORS HAVE YOU SEEN FOR HEADACHES, IF ANY?

\_\_\_\_\_  
\_\_\_\_\_

LIST MEDICATIONS THAT YOU HAVE TAKEN FOR HEADACHES IN THE PAST AND IF THEY HELPED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU SMOKE CIGARETTES? \_\_\_\_\_

DO YOU DRINK ALCOHOL? \_\_\_\_\_ RARELY \_\_\_\_\_ OCCASIONALLY \_\_\_\_\_ FREQUENTLY

HAVE YOU HAD ANY TYPE OF PROBLEM WITH ADDICTIVE DRUGS IN THE PAST?

\_\_\_\_\_

DO YOU TEND TO BE ANXIOUS OR NERVOUS? \_\_\_\_\_

IS THE ANXIETY: \_\_\_\_\_ MILD \_\_\_\_\_ MODERATE \_\_\_\_\_ SEVERE

DO YOU HAVE TROUBLE: \_\_\_\_\_ SLEEPING \_\_\_\_\_ GOING TO SLEEP \_\_\_\_\_ STAYING ASLEEP?

\_\_\_\_\_

DO YOU TEND TO BE DEPRESSED VERY OFTEN? \_\_\_\_\_

HAVE YOU BEEN DEPRESSED LATELY? \_\_\_\_\_

**OTHER PAST MEDICAL HISTORY:**

OPERATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ULCERS OR STOMACH PROBLEMS: \_\_\_\_\_

\_\_\_\_\_

SIDE EFFECTS OR ALLERGIES TO ANY MEDICATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ASTHMA: \_\_\_\_\_

ANY OTHER MEDICAL PROBLEMS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT MEDICATIONS ARE YOU CURRENTLY TAKING: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STRESS FORM**

T. Gokani, M.D.

NAME: \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR PRACTICE? \_\_\_\_\_

IF REFERRED, NAME & PHONE NO. OF REFERRING PHYSICIAN: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ SPOUSES OCCUPATION: \_\_\_\_\_

BROTHERS/SISTERS AND AGES (IF APPLICABLE): \_\_\_\_\_

DESCRIBE BRIEFLY (PERSONALITY TRAITS, MEDICAL PROBLEMS, ETC.):

A. FATHER: \_\_\_\_\_

B. MOTHER: \_\_\_\_\_

LIST SEVERAL PERSONALITY TRAITS WHICH BEST DESCRIBE YOUR PERSONALITY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRIOR CLINICAL/COUNSELING INTERVENTION: \_\_\_\_ YES \_\_\_\_ NO

INPATIENT \_\_\_\_ OUTPATIENT \_\_\_\_

DATES: \_\_\_\_\_  
(MONTH, YEAR)

CURRENTLY ONGOING: \_\_\_\_ Yes \_\_\_\_ No

PRIMARY THERAPIST WAS/IS: \_\_\_\_\_ PSYCHIATRIST  
\_\_\_\_\_ PSYCHOLOGIST  
\_\_\_\_\_ SOCIAL WORKER  
\_\_\_\_\_ MARRIAGE COUNSELOR  
\_\_\_\_\_ OTHER (PLEASE DESCRIBE)

NATURE OF PROBLEMS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IF APPLICABLE, MEDICATION PRESCRIBED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Continued)

CURRENT AREAS IN WHICH I AM UNDER STRESS INCLUDE THE FOLLOWING:

- WORK     FINANCIAL PRESSURE     MARRIAGE     TIME MANAGEMENT
- RELATIONSHIP / INTERACTIONS W/ CHILDREN     NONE OF THE ABOVE
- RELATIONSHIP / INTERACTIONS W/ PARENTS     OTHER (PLEASE DESCRIBE)

PLEASE ELABORATE BRIEFLY ON ANY ITEMS CHECKED ABOVE: \_\_\_\_\_

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PLEASE NOTE IF ANY OF THE FOLLOWING APPLY TO YOU:

- HISTORY OF ALCOHOLISM IN FAMILY
- EMOTIONAL ABUSE AS A CHILD
- PHYSICALLY ABUSED AS A CHILD
- EARLY OR RECENT HEAD INJURY
- SUICIDAL THOUGHTS (PAST OR PRESENT)
- FRIENDS AND FAMILY MEMBERS DO NOT UNDERSTAND OR APPRECIATE
- THE NATURE OF YOUR HEADACHES

PLEASE ELABORATE BRIEFLY ON ANY ITEMS CHECKED ABOVE: \_\_\_\_\_

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LIST ANY OTHER PREVIOUS/CURRENT MEDICAL PROBLEMS OR ISSUES WHICH YOU FEEL ARE RELATED TO OR CONTRIBUTE TO YOUR HEADACHES: \_\_\_\_\_

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**PATIENT QUESTIONNAIRE – PHQ 9**  
**Nine Symptom Check list**

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not At All	Several Days	More Than half the days	Nearly Every Day
	0	1	2	3
a. Little interest or pleasure in doing things.				
b. Feeling down, depressed or hopeless				
c. Trouble falling / staying asleep, sleeping too much.				
d. Feeling tired or having little energy				
e. Poor appetite or overeating.				
f. Feeling bad about yourself or that you are a failure or have let yourself or your family down.				
g. Trouble concentrating on things such as reading the newspaper or watching television.				
h. Moving or speaking so slowly that other people could have noticed. Or the opposite; being so fidgety or restless, that you have been moving around a lot more than usual.				
i. Thoughts that you would be better off dead or of hurting yourself in some way.				

2. If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?

Not difficult at all	Somewhat difficult	Very Difficult	Extremely Difficult

Rate each of the following symptoms based on your typical health profile for the **Past month**

**Point Scale:** 0—*Never or almost never* have the symptom 1—*Occasionally* have it, effect is *not severe* 2—*Occasionally* have it, effect is *severe* 3—*Frequently* have it, effect is *not severe* 4—*Frequently* have it, effect is *severe*

<b>HEAD</b>	Headaches	<b>DIGESTIVE TRACT</b>	Nausea, vomiting
	Faintness /Dizziness		Diarrhea
	Seizures/shaking/Numbness/Loss of conciousness		Constipation
	Insomnia		Bloated feeling
<b>EYES</b>	Watery or itchy eyes	<b>JOINTS/ MUSCLE</b>	Belching, passing gas
	Swollen, reddened or sticky eyelids		Heartburn
	Bags or dark circles under eyes		Intestinal/stomach pain
	Blurred or tunnel vision		Pain or aches in joints, swelling/redness
<b>EARS</b>	Itchy ears	<b>WEIGHT</b>	Cold Hands/Feet
	Earaches, ear infections		Arthritis
	Drainage from ear		Stiffness or limitation of movement
	Ringin in ears, hearing loss		Feeling of weakness or tiredness
<b>NOSE</b>	Stuffy nose	<b>ENERGY / ACTIVITY</b>	Pain or aches in muscles
	Sinus problems		Binge eating/drinking
	Hay fever		Craving certain foods
	Sneezing attacks		Excessive weight/Underweight
<b>MOUTH / THROAT</b>	Excessive mucus formation	<b>MIND</b>	Water retention
	Gagging, frequent need to clear throat		Compulsive eating
	Sore throat, hoarseness, loss of voice		Fatigue, sluggishness, Apathy, lethargy, Hyperactivity, Fever
	Swollen or discolored tongue, gums, lips		Restlessness
<b>SKIN</b>	Chronic coughing	<b>EMOTIONS</b>	Poor memory
	Canker sores		Confusion, poor comprehension
	Acne , Allergic reaction		Difficulty in making decisions
	Hives, rashes, dry skin		Stuttering or stammering
<b>HEART</b>	Hair loss	<b>OTHER</b>	Slurred speech , Poor physical coordination
	Flushing, hot flashes		Learning disabilities
	Excessive sweating		Poor concentration
	Chest pain , High Blood pressure		Daytime sleepiness
<b>LUNGS</b>	Irregular or skipped heartbeat		Pregnancy, Menopause, Irregular cycles
	Leg pain/ankle swelling		Anxiety, fear, nervousness , panic attacks
	Rapid or pounding heartbeat		Anger, irritability, aggressiveness
	Difficulty breathing		Depression , Mood Swings
<b>LUNGS</b>	Chest congestion		Frequent illness, Anemia , Sexual dysfunction,
	Asthma, bronchitis , wheezing		Frequent or urgent urination ; Bleeding, Clotting, Bruising, Thyroid disorder
	Shortness of breath		Genital itch or discharge –all other systems negative-----

## PREVIOUS HEADACHE MEDICATION ASSESSMENT FORM

Below are some commonly used headache medications. Please fill in the section below for any medications you have taken.

For each medication, mark its effectiveness in treating your headaches from one through five, five being the most effective.

Also rate the severity of the side effects with five being the most severe.

### Over The Counter

#### **Aspirin**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Acetaminophen/Tylenol**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Ibuprofen/Motrin/Advil**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Feverfew**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Excederin**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Aspirin Free Excederin**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Orudis KT (Ketoprofen)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Vitamin B2 (Riboflavin)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Anacin**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Aleve**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Magnesium Oxide**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Petadolux (Butterbur)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

### Prescription

#### **Naproxen sodium (Anaprox)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Fioricet**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Esgic Plus**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Fiorinal/Fioricet with codeine**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Vicodin/Vicoprofen/Lorcet**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Tylenol #3 or #4**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Oxycontin**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Vioxx**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Toradol (Ketorolac)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Ansaid (Flurbiprofen)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Voltaren (Diclofenac sodium)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Fiorinal**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Esgic**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Phrenilin**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Norgesic, Norflex**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Darvocet, Darvon**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Percocet, Percodan, Tylox**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Oxycodone**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Panlor**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Celebrex (Celecoxib)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Orudis, Oruvall**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Indocin (Indomethacin)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Mobic (Meloxicam)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Imitrex (Sumatriptan)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Maxalt (Rizatriptan) tablet or**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **MLT**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

#### **Axert (Almotriptan)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5



**Amerge (Naratriptan)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Zomig tablet or nasal spray**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Midrin**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**DHE (Dihydroergotamine)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Frova**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Stadol Nasal Spray**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Methadone (Dolophine)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Demerol (Meperidine)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Phenergan (Promethazine)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Reglan (Metoclopramide)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Thorazine (Chlorpromazine)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Skelaxin (Metaxalone)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Flexeril (Cyclobenzaprine)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Ergomar SL**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Cafergot**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Migranal Nasal Spray**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Relpax**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Morphine IV/IM**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**MS Contin, Kadian, Avinza**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Ultram (Tramadol)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Prednisone, Decadron**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Compazine (Prochlorperazine)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Tigan (Trimethobenzamide)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Zofran (Ondansetron)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Parafon Forte (Chlorzoxazone)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Soma (Carlsoprodol)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Timolol (Blocadren)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Atenolol (Tenormin)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Verapamil (Calan, Covera)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Elavil (Amitriptyline)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Vivactil (Protriptyline)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Inderal (Propranolol)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Metoprolol (Lopressor, Toprol)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Cardizem (Diltiazem)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Doxepin (Sinequan)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Desipramine (Norpramin)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Nadolol (Corgard)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Pamelor (Nortriptyline)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Zoloft (Sertaline)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Lexapro (Escitalopran)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Buspar (Bursiprone)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Paxil (Paroxetine)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Remeron (Mirtazapine)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Trazodone (Desyrel)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Prozac (Fluoxetine)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Wellbutrin (Bupropion)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Serzone (Nefazadone)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Topamax (Topiramate)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Neurontin (Gabapentin)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Trileptal (Oxcarbazepine)**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Dexadrine**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Adderall**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Concerta**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Ritalin/Focalin**  
Effectiveness: 1 2 3 4 5  
Side Effects: 1 2 3 4 5

**Lithium (Eskalith, Lithobid)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

**Cymbalta(Duloxetine)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

**Zanaflex (Tizanidine)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

**Lamictal (Lamotriginer)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

**Zyprexa (Olanzapine)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

**Phentermine**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

**Depakote (Valproic Acid)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

**Effexor (Venlafaxine)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

**Tegretol (Carbamazepine)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

**Seroquel (Quetlapine)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

**Zonegran**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

**Geodon**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

**Gabitril (Tiagabine)**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

**Kepra**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

**Botox Injections**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

**Trigger Point Shots**

Effectiveness: 1 2 3 4 5

Side Effects: 1 2 3 4 5

Please list any medications you have taken not listed above

\_\_\_\_\_ Effectiveness: 1 2 3 4 5 Side Effects: 1 2 3 4 5

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***Zira Mind and Body Center***  
**HIPAA GUIDELINES**

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We will use your medical information for treatment. For example, a nurse who is providing your care will report any condition to your doctor. We will use your medical information for payment. For example, we may need to give your insurance plan information about your diagnosis, treatment and supplies used. We may contact you at any phone number or address you have provided to us to remind you of your appointment or other health care matters or to obtain payment for our services.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

We may disclose your medical information to your family members you have assigned or others who are involved in your care or payment for that care. You must notify Our Designee in writing if you do not want us to communicate with you in any of these ways. We may use your medical information for any uses that are required or permitted by law. Other uses and disclosures will be made only with your written authorization. You may cancel an authorization at any time by notifying us in writing. You have the following rights: Right to privacy notice; Right to request restrictions on uses and disclosures of your medical information; Right to receive confidential communications; Right to inspect and copy your medical information; Right to request an amendment to your medical information; and Right to an accounting of disclosures of your medical information. Contact information. If you feel that your privacy rights have been violated, please contact U.S. Secretary of Health and Human Services or us at (224) 521-1212.

As indicated by my signature below, I hereby acknowledge receipt and understanding of the Notice of Privacy Practices.

Financial Terms

Patients covered by an insurance plan that a physician at Zira Mind and Body , maintains a participating contract are expected to pay applicable co-payments and/or deductibles and non-covered services at the time services are rendered. All other patients are expected to pay, in full, for all services at the time of service. However, if you are planning to use your insurance to cover part or all of your treatment, we will contact your insurance company to verify your eligibility and available benefits. Your insurer ultimately determines coverage at the time a claim is filed. We cannot, therefore, guarantee coverage and/or payment by your carrier. If your carrier denies payment for any reason, you will be 100% responsible for the amount owed to Zira Mind and Body. If the amount owed by a patient is not received on a timely basis, the patient may be responsible for attorney fees and the cost of collection.

Cancelled/Missed Appointments

When you make an appointment, we are reserving time our clinician's schedule that is no longer available to other patients. If you cannot make it to an appointment, we ask that you cancel your appointment at least 24 hours in advance. Zira Mind and Body reserves the right to charge a \$150.00 missed appointment fee for new patients and a \$50.00 fee for established patients.

Similarly, late arrivals can create scheduling problems with other Patients. If you must be late, please let us know as soon as possible.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

