

**HEADACHE LOG**  
Highland Pediatrics

Patient \_\_\_\_\_

DOB: \_\_\_\_\_

Date	Day	Start Time	Finish Time	Activity at Onset	Description of Pain	Associated Symptoms	Treatment (ie, Rest, Meds)	Foods Eaten	Other Info
2/14/09	Sat	10:00 AM	2:00 PM	Sitting	Throbbing, behind eyes	Nausea, blurred vision	Dark room, Cool compress, Motrin 200 mg	Chocolate	

**PLEASE BRING THIS FORM TO OUR NEXT APPOINTMENT**