

Headache GP Proforma

Patient details			
Title		Preferred name	
Family name		Date of birth	
Forename		Ethnicity	
NHS number		Home tel	
Gender		Mobile no	
Permanent address		Email	
		Physical/Communication Difficulties (specify support requirements, if any)	
		If interpreter required, language:	
Postcode			

Referrer details			
GP practice name		GP name	
GP address		Tel no	
		Fax no	
Postcode		Email	
Date of referral			

STEP 1: Exclude Secondary Headaches	
Thunderclap Headache (reaching maximum intensity within 5 mins)	Refer to A&E (needs CT-head within 6 hours)
Any headache presentation with focal (examinable) neurology. Includes seizures & alteration of consciousness. Any headache presentation with systemic features of causative disease	Refer to A&E

STEP 2: Screen for primary headache syndrome
94% of all headaches presenting in primary care are migraine.
During the last three months has the patient had any of the following <u>with</u> their headache?
<ul style="list-style-type: none"> ● Feeling nauseated or sick <input type="checkbox"/> Yes / <input type="checkbox"/> No ● Sensitive to light <input type="checkbox"/> Yes / <input type="checkbox"/> No ● Headache limits ability to carry out day-to-day activity <input type="checkbox"/> Yes / <input type="checkbox"/> No
If you tick yes to all three questions, the patient is very likely to have migraine.

Other features of history helpful for diagnosis:	
<u>Location:</u> <input type="checkbox"/> Strictly Unilateral <input type="checkbox"/> Can be bilateral	<u>Duration of attacks (untreated):</u> <input type="checkbox"/> Less than 4 hours <input type="checkbox"/> 4 -72+ hours
<u>Response to movement:</u> <input type="checkbox"/> Movement worsens pain <input type="checkbox"/> Movement does not make pain worse	<u>Frequency:</u> <input type="checkbox"/> Headaches less than 5 days per month <input type="checkbox"/> headaches 5 - 15 days per month <input type="checkbox"/> Headaches >15 days per month

<p>Migraine Disabling headache, aggravated by routine physical activity, lasting at least 4 hours, and often associated with nausea, and light and/or sound sensitivity.</p>	<p>Lifestyle advice for all.</p> <p><u>< 5d</u>: Optimise acute therapy, advise about MOH.</p> <p><u>>5 days</u>:</p> <ul style="list-style-type: none"> ● If acute treatment taken more than 2 days a week (or equivalent 8 days per month) there is a risk of medication overuse potentiating the headache. Manage appropriately [link]. ● Start preventive treatment ● Re-assess with headache diary [link] at 8 weeks <p><u>Refer if</u>: 3 preventative treatment tried at maximum tolerated dose, latter for at least 8 weeks each and still having significant disability from headache [link to HIT-6]- refer to Neurology with copies of daily headache diary and summary of preventatives tried with max doses, showing medication overuse has been addressed.</p>
<p>Cluster Headache Strictly unilateral headache, lasting 15 mins - 3 hours, and associated with with restlessness, and autonomic features [link]. Usually occur 1-8 attacks daily, for 8-12 weeks bouts in episodic cluster headache.</p>	<p>Refer to neurology out-patients for diagnostic and management advice.</p> <p>If established diagnosis, follow BASH management guidelines [here]</p>
<p>Other clinical syndromes</p>	<p>Discuss with neurology via advice & guidance</p>
<p>FOR ALL REFERRALS, PLEASE INCLUDE:</p> <ul style="list-style-type: none"> ● Completed primary headache diagnostic proforma ● List of acute therapies tried ● List of preventatives treatments tried: duration, maximum dose, and response. ● Ensure preventative treatment is tried in the absence of medication overuse (< 8 days a month) - <i>Diary documented</i> 	