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| **Headache Clinic Referral Form**  **Please note this form is not for headaches with red flag symptoms (see box)** | | | | |
|  | **Phone** | *To be confirmed* | | |
| **Email** |  | | |
| **Referral date** |  | | **Referral urgency** |  |
| **Referring doctor:** |  | | **Patient name:** |  |
| **Address: Phone:** |  | | **DOB:** |  |
| **Address: (include postcode)** |  |
| **Phone:** |  |
| **NHS number:** |  |
| **Hospital Number:** |  |

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| *Medication overuse headache*  *Medication overuse headache (analgesics/triptans>10 days per month) must be excluded in chronic daily headache. Most patients with MOH will find it difficult to stop their analgesics. Gradual withdrawal should be considered for opioid containing analgesics but abrupt withdrawal is often tolerated for non-opioid analgesics.* | |
|  | **Y/N?** |
| Exclude red flag symptoms |  |
| Has malignant hypertension been excluded? (systolic BP >200 mm Hg, diastolic >130 mm Hg) |  |
| * Has medication overuse headache been managed appropriately (if relevant) * For migraine has a Triptan been considered if poor response to simple analgesics? * Has at least one prophylactic medication been tried? * For acute treatment of cluster headache, has a subcutaneous or nasal Triptan been tried? |  |

Refer to Headache pathway for diagnostic/management advice

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| ***Please note:*** *All referrals should be 16yrs and over.* |
| **GP Comments**  ***Reason for referral****, past medical history, medications, examination findings, investigations.*  Duration of current headache (months) : <1/12 1-6/12 >6/12  **Headache medication**   |  |  |  |  | | --- | --- | --- | --- | | Medication Name | Maximum dose used | Duration of treatment | Was there concurrent analgesia use >10 day/month | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| **Please indicate if any previous results / relevant correspondence is enclosed:** *(please delete as applicable)*   * Neurology clinic letter (Y/N) * CT Head (Y/N) * MRI Head (Y/N) |
| **Red flag symptoms – Urgent referral / Neurology referral:**   * Papilloedema * Thunderclap headache * New-onset cognitive dysfunction /change in personality * Symptoms suggestive of giant cell arteritis (jaw claudication, ↑ESR) * New onset headache in immunocompromised/malignancy * New onset headache in patients>50 yr old * Symptoms and signs of acute narrow-angle glaucoma (unilateral, painful red eye) * Progressive headache worsening over weeks * Impaired level of consciousness / fever * Headache triggered by cough / Valsalva /postural |

Please provide a [headache diary](http://www.bash.org.uk/wp-content/uploads/2012/07/MIgraine-Trust-Headache-Diary.pdf) to the patient to bring with them to their first appointment.