MigraClarity

Clarity for Every Migraine.

migraclarity.com

Doctor Visit Worksheet

Prepare for your neurology or headache specialist appointment.

Name: _____ Date of Birth: _____

Today's Date: _____ Provider Name: _____

Primary Complaint / Reason for Visit: _____

Headache History

How long have you had migraines? _____ Age at first migraine: _____

Average attacks per month: _____ Longest attack (hours): _____

Typical pain severity (1-10): _____ Pain location (one side / both): _____

Symptoms During Attacks (check all that apply)

[ ] Throbbing/pulsating pain	[ ] Nausea	[ ] Vomiting
[ ] Light sensitivity	[ ] Sound sensitivity	[ ] Smell sensitivity
[ ] Visual aura	[ ] Sensory aura	[ ] Speech difficulty
[ ] Dizziness/vertigo	[ ] Neck stiffness	[ ] Cognitive fog
[ ] Allodynia (scalp tenderness)	[ ] Fatigue before attack	[ ] Mood changes before attack

Current Medications (acute and preventive)

Medication Name	Dose	How Often	Effective?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Questions I Want to Ask My Provider

1. _____
2. _____
3. _____
4. _____

Let MigraClarity generate this report automatically.

Track attacks, triggers, and medications — then tap to generate a provider-ready PDF in seconds.

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