

# 5

LEARN BALANCE PREVENT TREAT ACHIEVE

## Communication Guide

*For Your Next Clinical Visit*

Place an "X" on days you had a headache for 3 months

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Month 1																															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Month 2																															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Month 3																															

Circle Things That Trigger Your Headaches

Light	Noise	Odors	Weather	Stress	Diet	Sleep	Menstrual
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Are you nauseous or sensitive to light or sound? Yes or No

### Discussion Points for Shared Decision-Making

- 1 I've learned a lot about migraine and would like to discuss a complete migraine management plan.
- 2 I would like to practice a healthy lifestyle, including eating healthy, regular exercise, and practicing relaxation techniques.
- 3 Can we please discuss preventive medication options so we can prevent or reduce my days with headache?
- 4 Now can we discuss my acute medication options so I can be prepared when a headache hits?
- 5 I want to keep reducing my migraines. I would like to schedule regular visits to stay on track. And I will do my part by adhering to my prescribed plan!