HEADACHE DIARY

Patient's name:	Date of birth:	1 1	Medical record #:	
atient 3 name.	 Date of birtin.	_ / /	$\underline{}$	

_			Intensity		Preceding	_	_
Date	Time	Duration	(1-10)	Triggers	symptoms	Treatment used	Response



 $\textbf{\textit{FPM Toolbox}} \ \ \text{To find more practice resources, visit https://www.aafp.org/fpm/toolbox.}$

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