

Migraine Treatment History

Record what you tried and what happened - without relying on memory

TREATMENT RECORD 1

Treatment or strategy

How I used it

Approximate dates

Dose or instructions as recorded for me (optional)

What improved, if anything?

Side effects or concerns

Why I stopped or changed it

Migraine Treatment History

Record what you tried and what happened - without relying on memory

TREATMENT RECORD 2

Treatment or strategy

How I used it

Approximate dates

Dose or instructions as recorded for me (optional)

What improved, if anything?

Side effects or concerns

Why I stopped or changed it

Questions to discuss
