

# MIGRAINE RELIEF TRACKER

Patient Name: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Goal: \_\_\_\_\_

Scale: 0 (No Pain) - 10 (Emergency Room) | Triggers: (S) Stress, (F) Food, (L) Light, (W) Weather, (H) Hormonal

DATE	INTENSITY	DURATION	TRIGGER	MEDICATION/TREATMENT	RELIEF? (Y/N)	SYMPTOMS / NOTES
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## MONTHLY PATTERN OBSERVATIONS

Identify frequent triggers or effective interventions...

## QUESTIONS FOR DOCTOR

Note changes in frequency, side effects, or aura...

## Print Tracker