

NEUROLOGICAL MIGRAINE TRACKER

Month/Year: _____

Patient Name: _____

Physician: _____

DATE/TIME	PAIN (1-10)	NEUROLOGICAL SYMPTOMS (AURA, VISION, MOTOR, SPEECH)	TRIGGERS	MEDICATION/RELIEF
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NEUROLOGICAL KEY:

V: Visual (Zig-zags, Blind spots)

S: Sensory (Numbness, Tingling)
M: Motor (Weakness, Clumsiness)

AURA DURATION:

< 5 mins | 5-60 mins | > 60 mins

Note if aura occurred before, during,
or without headache.

OTHER SYMPTOMS:

N: Nausea | V: Vomiting

P: Photophobia (Light sensitivity)

Ph: Phonophobia (Sound sensitivity)