



### Headache Center

A Division of the NeuroMusculoskeletal Institute  
Rowan Medicine Building  
42 E. Laurel Road, Suite 1700  
Stratford, NJ 08084  
Office: 856-566-7010  
Fax: 856-566-6956

Dear Patient,

We look forward to seeing you at your visit with the doctors at the Headache Center. Enclosed are directions and necessary paperwork.

Please arrive a full 30 minutes before your scheduled appointment time to allow processing of your paperwork. To avoid any delays in starting your treatment plan, please bring the following items with you:

1. Insurance card, referral and co-pay if required. You will not be seen if you present without your co-pay or referral
2. Completed pages 1, 2, & 3 of your medical history forms and MIDAS Questionnaire (migraine disability assessment form).
3. Completed personal information page.
4. EKG (electrocardiogram with INTERPRETATION BY DOCTOR). Medication prescribing may be delayed until your second visit if the doctor does not have this report.
5. Any of the following reports, if applicable:
  - a. Blood tests
  - b. MRI or CT report (head/neck)
  - c. **Neurologists, neurosurgeon, pain management or psychiatrist reports.**
6. A detailed list of all current medications with dosages and frequency of use.
7. Headache calendar for at least the last month of your headache frequency and treatments used.
8. List of past medications tried (a list is enclosed for your convenience). This will help us with getting approval for new medications/treatments that may be prescribed.

If you are unable to keep your appointment, or want to reschedule, please extend us the courtesy of notifying us **at least 48 hours in advance** as there are many headache sufferers on our waiting list for appointments. The NeuroMusculoskeletal Institute will charge a fee of \$25 to any patient who does not call to cancel their appointment and just does not show instead.

Please do not wear perfume or cologne to the office as this is a headache trigger for many of our patients.

We look forward to seeing you at your visit.

## HIPAA Acknowledgments and Authorizations

*This office operates under HIPAA guideline, which have been set forth by the Federal Government to protect patient confidentiality and patient rights. If you do not have a copy of this policy, we will be glad to provide you with one.*

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Release of Medical History and Treatment Information

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Check here if your information is not to be released to anyone.

I authorize the following individual(s) to receive information pertaining to any medical history and treatment received:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

### Release of Billing Information

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I authorize the following individual(s) to receive information pertaining to any billing issue to act on my behalf:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

### Preferred Method of Contact for Messages

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Please check one: (By checking a box you are agreeing that a detailed message may be left on the voicemail at the number provided)

Cell Phone: You have permission to leave a detailed message at this cell #: \_\_\_\_\_

Home Phone: You have permission to leave a detailed message at this home #: \_\_\_\_\_

Please leave a message asking me to return your call

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I acknowledge that I have received a copy of the RowanSOM Notification of Patients Privacy Brochure

Patient Signature \_\_\_\_\_ Date: \_\_\_\_\_



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**Office Hours:**

Regular office hours are 8:00 am – 4:30 pm Monday through Friday.  
Physicians are not in the office on the weekends.

**Prescriptions:**

You will be given ample prescription medications with refills permitted on certain medications. Please check your medication supply and refills remaining before each visit to minimize the necessity of telephone calls and to avoid running out of your medication. In the event a prescription refill must be authorized by telephone, this will be done only during regular office hours. Prescriptions will not be authorized on weekends or evenings. Periodic follow-up visits are necessary to monitor medication effects even if you are doing well.

**Change of Medical Condition and Advice:**

Calls will be handled during regular office hours.  
Please avoid calling evenings and weekends except for valid emergencies.

**Financial Responsibility:**

Payment is expected at the time of service unless other arrangements have been made with the office. If you have insurance that will cover visits to this office, we can bill the insurance company, however, you are responsible for obtaining any necessary referrals and your copay. Our staff will answer any questions, or will refer you to the Billing Office.

We ask that you please extend us the courtesy and give us 48 hours' notice if you have to cancel your appointment. There are many headache sufferers like you waiting for an appointment. If you fail to give us ample notice or do not show for your appointment, you will be charged a \$25 fee.

This office has a policy of charging \$25 for completion of any and all forms that are not being sent to the insurance company responsible for paying for your visits to this office. There will be no exceptions to this policy.

We have presented our philosophy and general office policies. We hope that this information will help you to understand our approach to your headache problems. Please feel free to discuss any problems with our staff.

I have read and understand the above policies.

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Print Name

Signature

Date



**NeuroMusculoskeletal Institute**

42 E Laurel Road, Rowan Medicine Building 1700  
Stratford, NJ 08084  
856-566-7010  
Fax: 856-566-6956

**DIRECTIONS**

**FROM NORTH JERSEY:**

NJ Turnpike South to Exit 4 – Philadelphia, Camden  
After toll, stay to right, Route 73 North, Philadelphia  
Go straight through the first traffic light (Fellowship Road)  
Get onto Route 295 South – Delaware memorial Bridge  
Go about 6 miles to Exit 29 – Route 30 Barrington/Haddon Heights/Collingswood  
At the stop sign at the end of the ramp, turn left towards Route 30  
At traffic light, turn left onto Route 30 East – Lawnside (follow directions below at \*\*)

**FROM PHILADELPHIA:**

Take Benjamin Franklin Bridge to New Jersey  
Stay to the right for Route 676 South  
Get onto Route 295 North  
Get off at Exit 29-A Route 30 East – Berlin (follow directions below)

**FROM SOUTHERN NEW JERSEY:**

- Travel about 3 miles (business district and a lot of traffic lights) to Stratford  
See signs for White Horse Road, Union Avenue, Laurel Road & Hospital Signs
- Pass traffic light at Vassar Road
- Next light is White Horse Road on left/Laurel Road on right (there is a Pep Boys on the right hand side)
- Turn right onto Laurel Road. You will see 42 E. Laurel Road, Rowan Medicine Building on the left. Go past the building and stay to the left to turn into the parking area.
- ONLY PARK IN AREAS THAT ARE DESIGNATED FOR PATIENT/VISITOR PARKING OR YOU WILL RECEIVE A TICKET!
- There is additional patient parking along the sides and back of the building.

**FROM POINTS SOUTH OF NEW JERSEY:**

From the Commodore Barry Bridge or Delaware Memorial Bridge:  
Take 295 North to Exit 29-A for route 30 East and follow directions above



**Headache Center**

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Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Daytime) \_\_\_\_\_

Who suggested you consult this office: \_\_\_\_\_

May we send a thank you?  Yes  No

Is there a physician(s) to whom you would like us to send a report? If so, give full name and address:

\_\_\_\_\_

Your occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Days/hours per week: \_\_\_\_\_

Marital Status:  Single  Partner  Married  Divorced  Widowed  Other \_\_\_\_\_

Who lives at home with you? \_\_\_\_\_

Do any family members have a history of headaches?  Yes  No If Yes, who? \_\_\_\_\_

Do any medical conditions run in your family? (parent, grandparent, siblings). Please explain:

\_\_\_\_\_

Do you use/consume:

Tobacco?  Yes  No If Yes, how much? \_\_\_\_\_

Alcohol?  Yes  No If Yes, how much? \_\_\_\_\_

Caffeine (coffee, tea, cola):  Yes  No Number of drinks per day \_\_\_\_\_

History of alcohol or drug abuse?  Yes  No

Have you experienced:

Any severe accidents or head trauma? \_\_\_\_\_

Any surgical operations? \_\_\_\_\_

What medications do you currently use (prescription and "over the counter")?

\_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Are you allergic to anything?  Yes  No

- Pollen
- Food – If so what food: \_\_\_\_\_
- Drugs – if so what drugs: \_\_\_\_\_

Have you ever had any of these medical conditions? Please check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Anxiety             | <input type="checkbox"/> High Blood Pressure   |
| <input type="checkbox"/> Arthritis           | <input type="checkbox"/> Kidney condition      |
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Liver condition       |
| <input type="checkbox"/> Circulation problem | <input type="checkbox"/> Stomach ulcers        |
| <input type="checkbox"/> Depression          | <input type="checkbox"/> Other (explain) _____ |
| <input type="checkbox"/> Diabetes            |  |
| <input type="checkbox"/> Heart Condition     |  |
| <input type="checkbox"/> None of the above   |  |

Do you now, or have you ever had, any of the following:

- Weight change \_\_\_\_\_
- Sinus problem \_\_\_\_\_
- Eye condition, other than glasses \_\_\_\_\_
- Difficulty hearing \_\_\_\_\_
- Dental condition, other than simple cavity \_\_\_\_\_
- Thyroid condition \_\_\_\_\_
- Chest pain or palpitations \_\_\_\_\_
- Shortness of breath \_\_\_\_\_
- Chronic cough \_\_\_\_\_
- Nausea, vomiting, diarrhea not associated with headache \_\_\_\_\_
- Bleeding from the stomach or bowels \_\_\_\_\_
- Difficulty passing urine/prostate condition \_\_\_\_\_
- Irregular menstrual periods \_\_\_\_\_
- Joint pain or muscle pain \_\_\_\_\_
- Back pain \_\_\_\_\_
- Headaches \_\_\_\_\_
- Tremors or paralysis \_\_\_\_\_
- Depressed mood, anxiety, panic attacks, or psychiatric condition \_\_\_\_\_

Please note that most medications should not be used during pregnancy.

Is there **any possibility** that you may be pregnant:  Yes  No

*Because of possible serious medication interaction, as well as influence on effectiveness of headache treatment, please make us aware of any other medications you are using and/or other physicians who are prescribing medication for you.*



## Headache Center

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Headache has plagued mankind throughout recorded medical history and has been accurately described as early as 3000 B.C. In the United States it is estimated that 42,000,000 people suffer with chronic headache. We spend millions of dollars annually on over-the-counter headache preparations and some two and one-half billion dollars trying to get relief.

All too often headache is treated lightly by physicians, bosses, friends and relatives. Phrases such as “it’s only your nerves”, “it’s your sinuses”, “learn to relax” and countless other are heard “ad nauseam”, forcing sufferers to hide their symptoms. There is heal for headache patients, although sometimes difficult to find.

The most common types of headaches are vascular (migraine and cluster) and muscle contractions (tension-type). There are numerous others, however the vast majority fall into one of these categories:

1. **Migraine**, the “Rolls-Royce of headaches” sometimes referred to as “sick headache”, is not a disease in itself but a familial affliction involving blood vessels. It is characterized by recurrent attacks of severe, incapacitating head pain associated with symptoms such as nausea, vomiting, and intolerance to bright lights. Its duration varies from hours to days, it is often one-sided and aggravated by certain foods, sleep changes or menstruation.
2. **Cluster headache**, a cousin to migraine, is characterized by short attacks of one-sided incapacitating head pain, the likes of which defy description. Attacks occur two to ten times daily for weeks to months. They usually group, affording the sufferer headache-free periods for months to years.
3. **Tension-type (muscle tension) headache**; often called psychogenic or tension headache, is the result of sustained contraction of scalp and neck muscles. The pain is constant, usually not incapacitating, lasts days to years and often precipitates irritability and depression.

**Historically, treatment for headaches** has been numerous and varied, ranging from crude Trepanning (removing portions of the skull to allow evil spirits to escape) to modern biofeedback techniques and medication. Today, there are two basic therapeutic approaches in treating chronic headaches:

1. **Prophylactic treatment** is aimed at decreasing the frequency and severity of headaches by taking medication on a daily basis. Some common prophylactic agents are blood pressure, seizure and anti-depressant medications usually at low doses.
2. **Abortive treatment** is aimed at decreasing the severity and length of headache once they start and medications such as the “triptans”, ergots or analgesics.

In addition to medication, **other modalities** may be incorporated into each patient’s plan. These personal and social adjustments, exercise, caffeine restrictions, physio or manipulative therapy, biofeedback training and sometimes psychologic counseling. Alternative supplements may be added. Migraine patients will often benefit from avoiding caffeine and alcohol and certain foods such as beans fermented foods, onions, garlic, nuts, pizza processed fish or meats and Chinese food. Millions of people with chronic headache suffer in private with the belief that they will find no help. Although chronic headache is usually not curable, it can be treated and controlled. Therapy required knowledge, patience, and understanding on the part of the physician and sufferer.



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#### Headache Patient Instructions:

- Regulate your schedule:
  - Sleep schedule (same time awakening)
  - Meals (do not fast or skip meals)
  
- Exercise regularly
  
- Try to avoid foods that may trigger headaches:
  - Caffeine (beverages, medications)
  - Aged cheeses (American, cottage, or cream is ok)
  - Monosodium Glutamate (MSG)
  - Alcohol (especially wine)
  - Meat Preservatives (nitrites)
  - Chocolate
  - Pickled products, grapes, citrus fruits
  - Yeast (fresh bread and doughnuts)
  - Nuts, beans
  
- Be aware of limitations on “as needed” medication use; in general, two days use per week.
  
- Many daily preventative medications are started at low doses and increased. They may have delayed effectiveness.
  
- Make all physicians aware of all medications (prescriptions, over-the-count, herbal, etc.) you take.
  
- Call if you experience difficulties with medication or if you have questions.
  
- We ask that you call during office hours for medication refills, three (3) days before running out. Some medications should be not stopped abruptly.
  
- An annual physical exam is recommended. This can be scheduled with your family physician or at this office.
  
- Be aware most medications can be can be **harmful** if used during pregnancy. If you suspect that you are pregnant, call this office or your personal physician.



# MIDAS Questionnaire

A Migraine Disability Assessment. Please fill out and give to your doctor.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

This questionnaire is used to determine the level of pain and disability caused by your headaches and helps your doctor find the best treatment for you.

**INSTRUCTIONS:** Please answer the following questions about all your headaches over the last three (3) months. Write your answer in the box next to each questions. Write zero if you did not do the activity in the last three (3) months.

1. On how many days in the last three (3) months did you miss work or school because of your headaches? *(If you do not attend work or school enter "0")*
2. How many days in the last three (3) months was your productivity at work or school reduced by half or more because of your headaches? *(Do not include days you counted in question 1 where you missed work or school. If you do not attend school or work enter "0")*
3. On how many days in the last three (3) months did you not do household work because of your headaches?
4. How many days in the last three (3) months was your productivity in household work reduced by half or more because of your headaches? *(Do not include days counted in question 3 where you did not do household work)*
5. On how many days in the last three (3) months did you miss family, social, or leisure activities because of your headaches?
6. On how many days in the last three (3) months did you have a headache? *(If headache lasted more than one (1) day count each day)*
7. On a scale of 0-10, on average, how painful were these headaches? *(Where 0=no pain at all, and 10=pain which is as bad as it can be)*

After you have filled out this questionnaire, add the total number of days from **questions 1 to 5** (Ignore questions 6 and 7)

MIDAS GRADE	DEFINITION	MIDAS SCORE
I	Little or no disability	0-5
II	Mild disability	6-10
III	Moderate disability	11-20
IV	Severe disability	21+
Your score:		

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please check any medications you have tried for your headache pain.

- |  |  |
|--|--|
| <input type="checkbox"/> Acetaminophen (Tylenol)               | <input type="checkbox"/> Bupropion (Wellbutrin)            |
| <input type="checkbox"/> Ibuprofen (Motrin, Advil)             | <input type="checkbox"/> Duloxetine (Cymbalta)             |
| <input type="checkbox"/> Naproxyn (Alleve)                     | <input type="checkbox"/> Milnacipran (Savella)             |
| <input type="checkbox"/> Nabumetone (Relafen)                  | <input type="checkbox"/> Venlafexine (Effexor)             |
| <input type="checkbox"/> Meloxicam (Mobic)                     |  |
| <input type="checkbox"/> Celecoxib (Celebrex)                  | <input type="checkbox"/> Metoprolol                        |
| <input type="checkbox"/> Other anti-inflammatory med:<br>_____ | <input type="checkbox"/> Labetolol                         |
|  | <input type="checkbox"/> Candesartan                       |
|  | <input type="checkbox"/> Other Blood pressure meds: _____  |
| <input type="checkbox"/> Voltaren gel                          | <input type="checkbox"/> Sumatriptan (Imitrex)             |
| <input type="checkbox"/> Pennsaid drops                        | <input type="checkbox"/> Rizatriptan                       |
| <input type="checkbox"/> Flector patches                       | <input type="checkbox"/> Almotriptan                       |
|  | <input type="checkbox"/> Other triptan: _____              |
| <input type="checkbox"/> Lidoderm patches                      | <input type="checkbox"/> Migranal: _____                   |
| <input type="checkbox"/> Carisoprodol (Soma)                   | <input type="checkbox"/> Botulinum toxin injections: _____ |
| <input type="checkbox"/> Cyclobenzaprine (Flexeril)            | <input type="checkbox"/> Last received: _____              |
| <input type="checkbox"/> Metaxalone (Skelaxin)                 |  |
| <input type="checkbox"/> Methocarbamol (Robaxin)               | <input type="checkbox"/> Aimovig                           |
| <input type="checkbox"/> Baclofen                              | <input type="checkbox"/> Emgality                          |
| <input type="checkbox"/> Tizanidine (Zanaflex)                 | <input type="checkbox"/> Ajovy                             |
| <input type="checkbox"/> Gabapentin (Neurontin)                | <input type="checkbox"/> Ubrelvy                           |
| <input type="checkbox"/> Pregabalin (Lyrica)                   | <input type="checkbox"/> Reyvow                            |
| <input type="checkbox"/> Carbamazepine (Tegretol)              | <input type="checkbox"/> Fioricet/Fiorinal (Butalbital)    |
| <input type="checkbox"/> Lamotrigine (Lamictal)                | <input type="checkbox"/> Tylenol with codeine              |
| <input type="checkbox"/> Levetiracetam (Keppra)                | <input type="checkbox"/> Tramadol (Ultram)                 |
| <input type="checkbox"/> Oxcarbazepine (Trileptal)             | <input type="checkbox"/> Hydrocodone (Vicodin, Lortab)     |
| <input type="checkbox"/> Topiramate (Topamax)                  | <input type="checkbox"/> Morphine                          |
| <input type="checkbox"/> Valproic acid (Depakene)              | <input type="checkbox"/> Oxycodone (Percocet)              |
| <input type="checkbox"/> Amitriptyline (Elavil)                | <input type="checkbox"/> Hydromorphone (Dilaudid)          |
| <input type="checkbox"/> Nortriptyline (Pamelor)               | <input type="checkbox"/> Fentanyl (Actiq, Duragesic)       |
| <input type="checkbox"/> Trazodone                             | <input type="checkbox"/> Other Opiate meds: _____          |
|  | <input type="checkbox"/> Neurostimulation device: _____    |