Mid-Atlantic Headache Institute
MAHI

Mid-Atlantic Headache Institute

A Center for Headache and Neurological Disorders

Marcia Ribeiro, M.D.

Patient Name: _____

Year: _____ **Page:**_____ **Of:**_____

Beginning Week Date	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Headache Calendar

Medications (as needed):
Used only when headache present; Identify by letter symbol.

Place symbol in box, followed by quantity taken.

_____

_____

_____

_____

Key for Headache Intensity:

▼ = Debilitating (ER/Hospital)

⊗ = Severe Incapacitating Headache

× = Severe Headache (NOT Incapacitating)

● = Moderate Headache

○ = Mild or Annoying Headache

☺ = Really Good Day

Key for Headache Duration:

↔ = More than 1 Day

↑ = 8 Hours to 1 Day

← = 4-8 Hours

↓ = 1-4 Hours

→ = Less than 1 Hour

M = Menstrual Days

Headache Medications (regular):
Taken daily whether or not headache is present.
DO NOT symbolize or list in headache box.
List - Name, Strength, & How Taken

_____

_____

_____

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