Headache H and P

Hx: Consider these questions

Having now?

Had before?

How often?

How long each time?

Where? (frontal, unilateral, bandlike)

Describe?

Triggers?

Relieving/alleviating factors?

Time of day?

Stress?

Recent cold, sinus symptoms, drainage?

Seasonal or environmental allergies?

Head injury?

Spinal procedure recently?

Risks for benign intracranial hypertension? (young, obese, OCP, tetracycline, nitrofurantoin, Vit A Meds?

Alcohol?

Caffeine?

Smoking?

FHx Has?

N/V?

Flashing lights?

Dizziness, weakness, tingling?

Is light painful?

Blurred vision?

Tearing? Runny nose? (cluster)
Sensation of tenderness of scalp? (tension, TA)
Fever, chills, sweats?
Teeth or jaw pain? (dental, TMJ)
Seizures?

**Physical Exam:**

Consider the following, depending on Hx and presentation

**VS and General Appearance**

**Fundi**

Pupils pupils by passing a light in front of each eye (cranial nerve 2)
Check extraocular movements (cranial nerves 3, 4, 6)  (Up, down, left and right)
Check facial movement (shut eyes tightly or grimace   (cranial nerves 7 and 5)
Feel of head, asking if there are any tender spots, including over and under eyes

**Ears, nose, paranasal sinuses, throat**

**Neck (nodes, suppleness, carotids)**

**Skin: rash?**

Check strength on both sides (arms and legs)   (same on both sides)
Test reflexes with a reflex hammer in all four extremities
Perform the Babinski test to check plantar reflexes in both feet

Check my cerebellar response (balance and coordination – consider any of the following):

a. Romberg—ask pt to stand with feet together, arms at sides and close eyes to check for balance
b. Heel-shin—ask pt to slide one heel along opposite shin from knee to ankle
c. Rapid alt movements—ask pt to touch thumb to fingertips successfully or to slap knees rapidly, alternating palms up, palm down
d. Past-pointing—the student will hold up his/her finger at a slight distance from pt and ask pt to alternate touching nose and his/her finger
e. Walk straight line—heel to toe