## Headache

<table>
<thead>
<tr>
<th>Developed by</th>
<th>American Academy of Neurology</th>
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<tbody>
<tr>
<td>How developed</td>
<td>In 2014, a survey identified the most common reasons for referral. In 2018, the content was reviewed and updated by experts. The templates were developed after review of the literature. In addition to a dedicated work group, multiple committees were asked to review and comment.</td>
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| Additional essential patient information | A brief summary of the case details pertinent to the referral, including family history. Please indicate in the summary if the patient has any of the following:  
- New onset headache after age 45  
- Frequency and severity of headache  
- Functional disability  
- Complete list of current medications  
- Use of opioids, butalbital or triptans more than once a week  
- Prior medications for the headache including doses and duration of treatment  
- Use of anticoagulants |
| Additional patient information, if available | None |
| Alarm symptoms/conditions | • Consider urgent assessment if the patient has the following:  
• Acute unprecedented headache  
• Focal findings on exam including loss of visual acuity |
| Tests/procedures to avoid prior to neurologic evaluation; if they have been performed, please forward results | Imaging (guidelines indicate imaging not necessary for many with chronic headache) |
| Common rule-outs to consider prior to consults | Provide Sed rate if over age 45 |
| Relevant “Choosing Wisely” elements | Avoid EEG  
Avoid opioid or butalbital-containing medications |
| Healthcare professional and/or patient resources | Healthcare Professional Information:  
Patient Information:  
[https://americanmigrainefoundation.org/resource-library/understanding-migrainewhat-type-of-headache-do-you-have/](https://americanmigrainefoundation.org/resource-library/understanding-migrainewhat-type-of-headache-do-you-have/) |