# Headache

<table>
<thead>
<tr>
<th>Developed by</th>
<th>American Academy of Neurology</th>
</tr>
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<tbody>
<tr>
<td>How developed</td>
<td>A survey identified the most common reasons for referral. 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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</tbody>
</table>
| 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  
   - 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  
   Provide Sed rate if over age 45 |
| Additional patient information, if available |  
   - CBC  
   - CMP  
   - Thyroid functions |
| Alarm symptoms/conditions |  
   - Consider urgent assessment if the patient has the following:  
     - Acute unprecedented headache  
     - Focal findings on exam |
| Tests/procedures to avoid prior to consult | Imaging (guidelines indicate imaging not necessary for many with chronic headache; specialized techniques such as MRV may be necessary) |
| Common rule-outs to consider prior to consults | None provided |
| Relevant "Choosing Wisely" elements | None provided |
| Healthcare professional and/or patient resources | Healthcare Professional Information:  
   Halker RB et al. Neurology 2011; 76;S37-S43  
   Patient Information:  