

## Headache

Developed by	American Academy of Neurology
How developed	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.
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: <ul style="list-style-type: none"> <li>• New onset headache after age 45</li> <li>• Frequency and severity of headache</li> <li>• Functional disability</li> <li>• Complete list of current medications</li> <li>• Use of opioids, butalbital or triptans more than once a week</li> <li>• Prior medications for the headache including doses and duration of treatment</li> <li>• Use of anticoagulants</li> </ul>
Additional patient information, if available	None
Alarm symptoms/conditions	<ul style="list-style-type: none"> <li>• Consider urgent assessment if the patient has the following:</li> <li>• Acute unprecedented headache</li> <li>• Focal findings on exam including loss of visual acuity</li> </ul>
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: Can Fam Physician. 2015 Aug; 61(8): 670-679 Patient Information: <a href="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/</a>

