

Name: _____ DOB: _____ DATE _____

PLEASE CIRCLE EACH MEDICATION YOU HAVE USED FOR PAIN OR HEADACHE MANAGEMENT

<u>Analgesics</u>	<u>Heart/Blood Pressure Meds</u>	<u>Muscle relaxants</u>	<u>Anti-Inflammatories</u>	<u>Antidepressants</u>
Acetaminophen	Blocadren	Baclofen	Advil	Anafranil
Alka Seltzer	Calan	Flexeril	Anaprox	Asendin
Anacin	Capoten	Lioresal	Clinoril	Celexa
Aspirin	Cardene	Norflex	Daypro	Dexyrel
Burrefin	Cardizem	Norgesic	Disalcid	Effexor
Codeine	Carapres	Parafon Forte	Dolobid	Elavil
Darvon	Corgard	Robaxin	Feldene	Endep
Darvocet-N-100	Inderal	Skelaxin	Ibuprofen	Limbitrol
Demerol	Isoptin	Soma	Indocin	Lithium
Duragesic	Lopressor	Zanaflex	Lodine	Ludiomil
Ecotrin	Mexiletene	Meclomen	Luvox	Nardil
Esgic	Nadolol	<u>Anticonvulsants</u>	Motrin	Norpramin
Excedrin	Nimodipine	Depakote	Nalfon	Pamelor
Fioricet	Procardia	Dilantin	Naprosyn	Pamate
Fiorinal	Propranolol	Gabatil	Nuprin	Paxil
Methadone	Tenormin	Klonopin	Orudis	Prozac
Midol	Timolol	Lamictal	Relafen	Remeron
Morphine	Verapamil	Mysoline	Salflex	Serzone
MSContin	Verelan	Neurontin Toradol		Sinequan
MSIR		Lyrica		Surmontil
OxyContin	<u>Decongestant/</u>	Tegretol	<u>Anit-Nausea/</u>	Tofranil
OxyIR	<u>Antihistamine</u>	Topamax	<u>Phenothiazines/</u>	Triavil
Percocet	Antivert	<u>Sleeping Pills/</u>	<u>Neuroleptics</u>	Vivactyl
Percodan	Benadryl	<u>Tranquilizers</u>	Compazine	Wellbutrin
Phrenalin	Chlortrimetron	Ambien	Haldol	Zoloft
Roxanol	Dramamine	Ativan	Mellaril	Zyban
Stadol	Drixoril	BuSpar	Navane	<u>Antimigraine</u>
Talwin	Entex	Centrax	Phenergan	<u>Medications</u>
Trexan	Naldecon	Dalmane	Prolixin	Amerge
222's	Omade	Halcion	Reglan	Bellergal
Tylenol	Periactin	Librax	Risperdal	Cafergot
Tylenol #3	Seldane	Librium	Seroquel	DHE
Tylenol #4	Sudafed	Lunesta	Thoraxine	Ergotrate
Tylox	Triaminic	Restoril	Tigan	Imitrex
Ultram	Vistaril	Rozerem	Torecan	Maxalt
Vicodin	<u>Steroids</u>	Sonata	Trilafon	Methergine
	Decadron	Tranxene	Zofran	Midrin
	Hydrocortisone	Valium	Zyprexa	Migranal
	Medrol	Xanax		Sansert
	Prednisone			Wigraine
				Zomig

Other Medications used for pain control in the past

LIST ALL MEDICATION ALLERGIES

LIST ALL MEDICATION ADVERSE EFFECTS

1. _____

2. _____

3. _____

4. _____

5. _____

PLEASE LIST BELOW ALL MEDICATIONS YOU ARE USING NOW

	Name	Dose	Frequency you are actually using
1.	_____	_____	_____
2.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____