

HEADACHE CLINIC
University of British Columbia

Please fax completed form to 604-822-7004

Patient name: _____
Birth date (DD MM YYYY): _____
Health card #: _____
Address: _____
Phone number (daytime): _____

Current Medications: _____

Previous Headache Prophylaxis Medications

Medication tried (Circle)	Duration	Benefit	Side effect?
Metoprolol/propranolol			
Atenolol/nadolol/timolol			
Verapamil/flunarizine			
Amitriptyline/nortriptyline			
Topiramate			
Valproic Acid			
Botox			
Gabapentin/ Lyrica			

- Results of medical imaging and relevant blood work enclosed
- Relevant history enclosed or detailed below

Referring physician (please print): _____

Physician MSP #: _____

Clinic phone #: _____

THE UNIVERSITY OF BRITISH COLUMBIA

Tel: 604 822-1728
Fax: 604 822-7004

S267 – 2211 Wesbrook Mall
Vancouver, B.C. V6T 2B5