**[DOCTOR’S OFFICE LETTERHEAD]**

DATE:

PATIENT NAME:

1. **When did you first start treating the patient and when was the last appointment?** First Seen: [DATE]
 Last Seen: [DATE]
2. **OPTIONAL: In regards to the diagnosis of migraine, can you please refer to the neck MRI referencing any possible link between the cervical radiculopathy and aggravation of migraine attacks?**Recent MRI notes attached. Neck pain can sometimes cause or aggravate migraines as well as be the result of migraines. A cervical MRI from [DATE] shows \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This cervical radiculopathy could be an aggravating factor in the migraines.
3. **How often does your patient get headaches?**Approximately [NUMBER] days per month
4. **How long do your patient’s migraines last?**From [NUMBER] hours to [NUMBER] days
5. **If possible, describe the migraine symptoms that your patient experiences?**Throbbing and stabbing unilateral pain, nausea, vomiting, blurry vision, slurred speech, dizziness, fatigue, neck pain, jaw pain, irritability, depressed mood, high blood pressure.
6. **What kinds of treatment has your patient participated in?**Multiple prophylactic protocols as well as abortive and rescue medications including [LIST TREATMENTS USED IN THE PAST].
7. **Have these been effective?**Some have been partially effective for a limited period of time, others not effective or caused side effects. Currently manages migraine attacks with [MEDICATION DETAILS].
8. **Is there a new treatment you have prescribed that may help this patient?**I have recommended [DETAILS OF TREATMENT AND STATUS].
9. **What is your patient’s prognosis?**[DETAILS]
10. **Any other comments or observations that could be helpful to Social Security in understanding migraines and this patient’s ability to engage in full-time work?**Migraine is a complex neurological condition with a strong genetic component and a wide variety of symptoms including the following: Severe unilateral pain, visual changes, nausea and/or vomiting, speech changes, fatigue, and light, sound and smell sensitivity. In addition, there is often a need to lie down in a dark, quiet room for hours or even days at a time. Migraine attacks can come on quickly and unexpectedly, vary in length, symptoms and frequency, and on average last from 4 to 72 hours but sometimes longer if they become intractable. Attacks are often triggered by a variety of factors including scents, smoke, noise, bright light, wind, humidity, barometric pressure change, foods, neck pain, hormonal changes during menstrual cycle, irregular sleep, and more.

A migraine generally has four stages:

a. **Prodrome Phase**: the patient may experience visual, intestinal, sensory, and/or other symptoms such as mood change.

b. **Aura Phase**: visual aura, sometimes also auditory or olfactory; not experienced by every migraine patient.

c. **Attack Phase**: symptoms such as stabbing and/or throbbing pain, nausea, vomiting, dizziness, slurred speech, and blurry vision.

d. **Post-Drome Phase**: often symptoms such as exhaustion, inability to concentrate, cognitive fog and mood changes present themselves. This patient has a long history of migraines since the age of approximately 9, and an extensive range of documented treatments by headache specialists as well as other neurologists

SIGNATURE:

NAME:

DATE: