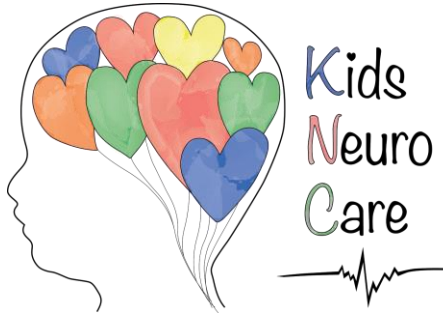


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Headache Log

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time Headache Started							
How long did it last?							
How severe was the headache on a scale of 1 (mild) to 5 (severe)							
Describe the symptoms.							
Name and dose of medication taken.							
How effective was the medication on a scale of 1 (not effective) to 5 (very effective)?							
How many hours did you sleep the night before?							
How many hours of screen time? (i.e. TV, computer)							
What did you eat the meal before?							