Sara Westgate, M.D.,Ph.D.
Austin NeuroCare

Headache/Medication Diary

Name: _____ **Preventative Meds:** _____

Month: _____ **Preventative Meds:** _____

# of Headaches for month: _____ **Rescue Meds:** _____

Date of Headache	Onset Time	Medication Taken	Dosage	Time Meds Taken	Relief Time	Note

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