CPM
CENTRES FOR PAIN MANAGEMENT

# Botox for Migraine Consultation Request

## Please fax completed form to Fax number 902-463-7564

Patient name: _____

Birth date (DD MM YYYY): _____

Health card #: _____

Address: _____

Phone number (daytime): _____

Typically, for a patient to be considered a good candidate for BOTOX injections:

- Secondary causes have been ruled out
- Diagnosed with Chronic Migraine (>15 headache days/month with >8 being migrainous); and
- Wishes an interventional alternative therapy to headache treatment

Referring Physician (please print)

_____

Physician MSI #: _____

Clinic phone #:

_____

Referring Physician Signature:

_____

Dr. Paul Doucette
Unit 260, 650 Washmill Lake Dr.
Halifax, NS
(P) 902-463-7857 (F) 902-463-7564

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# Treatment History for Patient: Chronic Migraine

Patient Name: _____ Date:_____

Is this patient new to BOTOX® therapy for Chronic Migraine? ☐ Yes ☐ No

Length of Time Patient afflicted with Chronic Migraine (i.e., # months or years): _____

Number of Headache/Migraine Days per month: _____ Duration of Headaches/Migraines: _____ ☐ Hours ☐ Days

## Relevant Diagnostic or Confirmatory Tests Performed

☐ Neurological Consult Date: _____ Comments: _____

☐ MRI/CT Scan Date: _____ Comments: _____

☐ Other (Specify Date and Type): _____

## All Prior Relevant Treatments

☐ Non-Opioid Analgesics
Drug Name: _____ Dose: _____ Duration: _____ ☐ Effective ☐ Ltd Benefit ☐ Ineffective ☐ Not Tolerated

☐ Tricyclic antidepressants
Drug Name: _____ Dose: _____ Duration: _____ ☐ Effective ☐ Ltd Benefit ☐ Ineffective ☐ Not Tolerated

☐ Alpha 2 Agonists
Drug Name: _____ Dose: _____ Duration: _____ ☐ Effective ☐ Ltd Benefit ☐ Ineffective ☐ Not Tolerated

☐ Prednisone
Drug Name: _____ Dose: _____ Duration: _____ ☐ Effective ☐ Ltd Benefit ☐ Ineffective ☐ Not Tolerated

☐ Methysergide
Drug Name: _____ Dose: _____ Duration: _____ ☐ Effective ☐ Ltd Benefit ☐ Ineffective ☐ Not Tolerated

☐ Ergots
Drug Name: _____ Dose: _____ Duration: _____ ☐ Effective ☐ Ltd Benefit ☐ Ineffective ☐ Not Tolerated

☐ Anticonvulsants
☐ Topiramate Dose: _____ Duration: _____ ☐ Effective ☐ Ltd Benefit ☐ Ineffective ☐ Not Tolerated
Drug Name: _____ Dose: _____ Duration: _____ ☐ Effective ☐ Ltd Benefit ☐ Ineffective ☐ Not Tolerated

☐ Beta Blockers
Drug Name: _____ Dose: _____ Duration: _____ ☐ Effective ☐ Ltd Benefit ☐ Ineffective ☐ Not Tolerated

☐ Calcium Channel Blockers
Drug Name: _____ Dose: _____ Duration: _____ ☐ Effective ☐ Ltd Benefit ☐ Ineffective ☐ Not Tolerated

☐ Opioids
Drug Name: _____ Dose: _____ Duration: _____ ☐ Effective ☐ Ltd Benefit ☐ Ineffective ☐ Not Tolerated

☐ Triptans
Drug Name: _____ Dose: _____ Duration: _____ ☐ Effective ☐ Ltd Benefit ☐ Ineffective ☐ Not Tolerated

☐ _____
Drug Name: _____ Dose: _____ Duration: _____ ☐ Effective ☐ Ltd Benefit ☐ Ineffective ☐ Not Tolerated

☐ _____
Drug Name: _____ Dose: _____ Duration: _____ ☐ Effective ☐ Ltd Benefit ☐ Ineffective ☐ Not Tolerated

☐ _____
Drug Name: _____ Dose: _____ Duration: _____ ☐ Effective ☐ Ltd Benefit ☐ Ineffective ☐ Not Tolerated

Estimated BOTOX® Dose to be Administered _____ units