HEADACHE INVESTIGATION REPORT

1. Name:		**2. CAA Client No.:**	
3. Postal Address:		**4. Date of Birth:**	

5. Certificates applied for:

Class 1 ☐ Class 2 ☐ Class 2 – No IFR ☐ Class 3 ☐

6. Applicant's Signature: *(To be signed in front of examiner).*

Date: / / .

7. HISTORY

Date of first attack:	
Date of most recent attack:	
No. of headaches in last year:	
How long does an attack last?	

8. MEDICATION

For symptoms**:**	
For prevention:	

9. DESCRIPTION OF THE HEADACHES *(in applicant's own words)***.**

10. FUNCTIONAL CHARACTERISTICS OF WORSE HEADACHES

Pain intensity **1** ——— **10**
(pl mark on line) (Mild) (Severe)

	Yes	No
Avoidance of routine activity	☐	☐
Distraction	☐	☐
Nausea	☐	☐
Vomiting	☐	☐
Photo / phonophobia	☐	☐
Motor or sensory features	☐	☐
Aura / Visual symptoms	☐	☐
Acute medical / hospital treatment needed	☐	☐

Please give details of any positive answers and degree of incapacity:

11. EFFECT ON ACTIVITIES

Distracting ☐	**Major Distracting** ☐	**Incapacitating** ☐
Distracting (able to continue but may impair performance)	Able to continue activity but performance is impaired	Unable to continue routine activity.

12. PREDICTABILITY FACTORS

Patterns	**Yes**	**No**	**N/A**
Premenstrual	☐	☐	☐
Contraceptive Pill	☐	☐	☐
Weekends	☐	☐	

Triggers

Foods / drinks / stress/ other:

Please give details of any positive answers and effect of any medication taken:

13. WARNING SIGNS (pain / vision / tingling etc):

Any warning of the headache? **Yes** ☐ ☐ **No**

How long before the attack?

Describe the warning:

14. ADDITIONAL INFORMATION Provided - please attach to this questionnaire as available.

GP Records *(required if obtainable)* ☐ Neurologist ☐ Special Eye Report ☐ Other ☐ *(please specify)* _____

15. Print Examiner's Name and Address *(Practice Stamp Preferred)*

14. Client's ID: *(If first encounter, Indicate the type of photographic ID sighted, serial number and expiry date.)*

15. Examiner's Declaration: I hereby certify that I personally identified and examined the applicant named on this medical report and that this report, with any attached notes, embodies my examination completely and correctly.

Examiner signature: Date: