Physician Supplied Emergency Treatment Information:

Below, is information to assist you in treating my patient:

for this severe Migraine episode. As you know, Migraine disease is a genetic neurological disease. Some episodes can require treatment beyond the medications the patient currently has at home. This patient is neither a substance abuser nor a "drug seeker," but may need opioids, IV infusion, or other medications not available for use at home to treat this episode.

**Patient Information:**

Date of diagnosis: ____________________        Date of last appointment: ____________________

Current Migraine preventive medication(s): _____________________________________________

Current Migraine abortive and/or pain medication(s): _____________________________________

Complicating factors, medication allergies: ______________________________________

Medications I recommend for this patient in an emergency situation:

________________________________________________________________________________________

________________________________________________________________________________________

Thank you for treating my patient. It is often very difficult for Migraine patients to receive adequate care offered with dignity and respect because of others who go to emergency departments and after-hours care facilities, feigning symptoms to obtain narcotics. I assure you such is not the case with this patient.

Physician’s Signature ___________________________ Date ___________________________

Physician’s Name (Printed) ___________________________

Office Address ___________________________ Office Phone ___________________________

This form created and provided by Teri Robert, PhD on the Internet: http://www.helpforheadaches.com

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