

# MIGRAINES CALENDAR

PIERCEY NEUROLOGY LLC

Sun	Mon	Tue	Wed	Thu	Fri	Sat

**RECORD:**

1. THE DAYS YOU HAVE A MIGRAINE.
2. ITS INTENSITY (IE CAN USE 1 – 10 SCALE...OR ANY SCALE THAT MAKES SENSE).
3. WHAT TREATMENT YOU USED; WHETHER THE TREATMENT WAS EFFECTIVE.



**DR. ESTHER RAWNER**

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