

Headache/Migraine Symptom Logs

Hello,

In the Intake Questionnaire, you indicated experiencing Headaches/Migraines. With this packet, I have included the relevant log. This symptom log packet also includes a rating schedule, used by the VA, on the very last page. This page will give you an idea of how your condition may be rated, and the specific terminology the VA uses to rate your condition. Additionally, definitions for some of the more technical medical terminology has been provided.

It is very important to read and understand these criteria, as your records are used by the VA to evaluate the severity of your condition.

On each page, please fill in your name in the upper-left hand corner and use the log to document all relevant symptoms and send this log back to the firm every 3 months (the firm will handle the submission to the VA – please do not submit these to the VA yourself). Please make sure you sign and date the bottom of each page before submitting these to VA Disability Group.

IMPORTANT: If your headaches/migraines are impacting your ability to work (either your attendance, ability to finish a shift, or performance quality), ensure this is documented in the "Symptoms Experienced (Daily Notes)" column.

You do not need to create an entry for every day, just the days you are experiencing symptoms. Documenting the frequency, severity, and specific symptoms of your condition could help your claim.

You can return this to our office in any of the following ways:

Email: cd@vadisabilitygroup.com

Fax: 269-569-8611

Mailing Address: 2974 Business One Drive, Kalamazoo, MI 49048

Once again, we appreciate you choosing our firm and we look forward to working with you on your disability claims. Please do not hesitate to contact the office if you need more logs, need paper copies, or have questions on how to appropriately record your symptoms.

Kind regards,

VA Disability Group, PLLC

NAME:	HEADACHE/MIGRAINE LOG							
Date	Time	Duration/ Pain Scale (out of 10)	Pain Type (1-constant, 2- throbbing)	Symptoms 1-Nausea 2-Vomiting 3-Sens. to Light 4-Sens. to Sound 5-Changes in Vision 6-Sensory Changes	Location (right, left, both)	Medication (Over the Counter and Prescription)	Prostrating? (Lying flat?) [Y/N]	Symptoms Experienced (Daily Notes)
Example	12:30	4 hours; 6/10	1	1, 2, 3, 4, 5, 6	Both	Tylenol	Y	Example: Dizziness with strong auras. I had to lie down it was so bad. The symptoms were so severe, I had to leave work early.
Signature	Signature: Date:							

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Signature					Date:			

Rating Criteria for Respective Evaluations

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50	Percent:
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With very frequent completely prostrating and prolonged attacks productive of severe economic inadaptability.

30 Percent:

With characteristic prostrating attacks occurring on an average once a month over last several months.

10 Percent:

With characteristic prostrating attacks averaging one in 2 months over last several months.

0 Percent:

With less frequent attacks.

NOTE: These are the headache and migraine symptoms associated with corresponding disability evaluations. In general, you need symptoms at the respective evaluation to qualify for such. If these symptoms are experienced, you will want to list them in the "notes" section of the headache/migraine log. Please keep in mind the listed symptoms are not exhaustive. All symptoms you associate with your headache/migraine condition should be listed in the notes section even if it is not listed.

*NOTE: If your headache/migraine symptoms are impacting your ability to work (either to attend, complete your shift, or has impacts upon your productivity/ ability to perform your duties), please make sure to record this is the "Symptoms Experienced (Daily Notes)" column. For reference, see the example on the first page of this log.

Medical Definitions

Prostrating – Lying flat or at full length, as on the ground; physically week or exhausted.