LINER LEGAL
DISABILITY LAWYERS

HEADACHE DISORDERS
MEDICAL SOURCE STATEMENT

Patient Name: _____ Date: _____

Provider Name / Specialty: _____

SECTION 1 — DIAGNOSIS, DURATION, AND LONGITUDINAL COURSE

Primary headache diagnosis (check all that apply):

☐Migraine without aura ☐Migraine with aura ☐Chronic migraine ☐Tension-type headache

☐Cluster headache ☐Other primary headache disorder:

Diagnosis based on consistent clinical evaluation and history? ☐Yes ☐No

Date headaches first became clinically significant: _____

Condition expected to last ≥ 12 months? ☐Yes ☐No

Overall course over time:

☐Stable ☐Worsening ☐ Fluctuating / episodic

SECTION 2 — HEADACHE FREQUENCY, DURATION, AND RECOVERY

Average frequency of headache attacks:

☐Less than once per month ☐1–3 per month ☐1 per week

☐ 2–3 per week ☐4+ per week

Typical duration of a headache attack:

☐<1 hour ☐1–4 hours ☐4–12 hours ☐12–24 hours ☐>24 hours

Typical recovery time after an attack before baseline functioning returns:

☐ No recovery time needed ☐ Several hours ☐ Remainder of the day

☐ 1 full day ☐ More than 1 day

SECTION 3 — FUNCTIONAL IMPACT DURING HEADACHE ATTACKS

During attacks, the patient typically must:

☐Lie down ☐Rest in a dark room ☐Use abortive medication and stop activity

Associated symptoms during attacks (check all that apply):

☐Nausea/vomiting ☐Photophobia ☐Phonophobia ☐Visual disturbance

☐Dizziness/vertigo ☐Cognitive slowing/confusion ☐Speech difficulty

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SECTION 4 — VARIABILITY, UNPREDICTABILITY, AND WORK SUSTAINABILITY

Headache attacks occur:

☐ At predictable times ☐ Without reliable warning

Triggers commonly include (if applicable):

☐ Light ☐ Noise ☐ Stress ☐ Sleep disruption

☐ Screen use ☐ Other: _____

Due to headache attacks and recovery periods, the patient would be away from the work task (off-task and/or absent) approximately:

☐ 0% ☐ 10% ☐ 15% ☐ 20%+

Headache-related limitations are expected to result in:

☐ Difficulty maintaining regular attendance

☐ Inability to sustain activity for 8-hour workdays

☐ Inability to sustain work 5 days per week

☐ Need to stop activities without warning

Likely absences per month due to headaches:

☐ None ☐ 1 ☐ 2 ☐ 3+ ☐ Unable to sustain full-time attendance

SECTION 5 — MEDICATION EFFECTS AND TREATMENT LIMITATIONS

Abortive or preventive headache medications cause side effects that interfere with work (check all that apply):

☐ Sedation ☐ Cognitive slowing ☐ Dizziness ☐ GI upset ☐ None

Need to avoid certain work environments due to headache triggers:

☐ Bright lighting ☐ Loud noise ☐ Screens/monitors ☐ Strong odors

SECTION 6 — CONSISTENCY

Do the limitations described above reflect what you have consistently observed and documented during treatment?

☐ Yes ☐ No ☐ Partially (explain): _____

Provider Signature: _____ Date: _____

Address / Phone: _____