

**Document history:**

Version	Date	Main Changes/Comments
1	January 2022	First draft developed by Dami Adebisi.
1.1	February 2022	Dami Adebisi - Amended to reflect that referrals are not appropriate for patients with less than a few months history as suggested By Dr Helen Ramsey
1.2	March 2022	MTW Consultant Neurologists - Amended to include the order of prophylactic medications, and some information and education for GPs. Past medical history deleted to avoid duplication with routine ESR referrals.
1.3	April 2022	Dami Adebisi – Contraindications section deleted.
1.4	June 2022	Millie Gray - Amended to include episodic migraine as well as chronic migraine and 'please specify in line with approved guidance' added to prophylaxis treatment tried section as per comments received from Joint Formulary group in May 2022.

**Produced in consultation with:**

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## Adult Chronic & Episodic Migraine Referral Form

Patient Details	
Name:	NHS Number:
Address:	Post Code:
Daytime Telephone:	Date of Birth:
Work Telephone:	Interpreter Required: Y/N
Mobile Telephone:	If yes, main spoken language:
GP Details	
GP Name:	Telephone Number:
Practice:	Date of Referral:

Reason for referral
<div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Failed prophylactic response*</span> <span><input type="checkbox"/> Advice and guidance re: diagnosis and treatment</span> </div> <p style="font-size: small; margin-top: 10px;">*The patient with migraine needs to have tried at least <b>THREE</b> different prophylactic drugs (at maximum tolerated dose) for at least <b>TWO</b> months each before consideration for referral for specialist treatment (Please refer to the <a href="#">Kent and Medway guidance on the management of adults with headaches and migraines in primary care</a>)</p>

Migraine history
<div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Less than 1 month</span> <span><input type="checkbox"/> 1 month to 1 year</span> <span><input type="checkbox"/> More than 1 year</span> </div>
Migraine frequency
<div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> &lt;1 day per week</span> <span><input type="checkbox"/> 1-2 days per week</span> <span><input type="checkbox"/> &gt;2 days per week</span> </div>

Prophylaxis treatment already tried	Maximum Dose tolerated	Treatment duration
<input type="checkbox"/> Propranolol 80-240mg/day		
<input type="checkbox"/> Amitriptyline 10-75mg/day		
<input type="checkbox"/> Topiramate 25-200mg/day		
<input type="checkbox"/> Candesartan 4mg-32mg/day		
<input type="checkbox"/> Other – please specify in line with approved guidance		

Analgesia overuse
Analgesia overuse present? – Y/N  <i>(Acute analgesics should be used fewer than 8 days per month, to avoid development of ‘medication overuse headache’. Prophylactics may fail unless analgesic use is reduced.)</i>
If Y, list name and duration

	Y	N
Attach any brain imaging report if available <i>(tick Y if attached)</i>		
If possible attach patient’s headache diary <i>(tick Y if attached)</i> . Example at <a href="https://migrainetrust.org/live-with-migraine/self-management/keeping-a-migraine-diary/">https://migrainetrust.org/live-with-migraine/self-management/keeping-a-migraine-diary/</a>		
Has the patient been signposted to <a href="http://www.migrainetrust.org">www.migrainetrust.org</a> for information?		
Have you followed headache guidelines from any of: <a href="#">Kent and Medway CCG</a> / BASH <a href="http://bash.org.uk/guidelines">bash.org.uk/guidelines</a> / SIGN <a href="http://sign.ac.uk/sign-155-migraine">sign.ac.uk/sign-155-migraine</a> ?		

Reason(s) for referral and further details <i>(mandatory field)</i> :
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