

PRESCRIPTION

````----- Rx ----- \*\*Patient Name:\*\* [Patient's Name] \*\*Patient ID:\*\* [Patient ID] \*\*Date:\*\* [Current Date] \*\*Provider Name:\*\* [Your Name] \*\*Provider NPI:\*\* [Your NPI] \*\*Diagnosis:\*\* Chronic Headaches \*\*Medications:\*\* 1. \*\*Ibuprofen\*\* - \*\*Dosage:\*\* 400 mg - \*\*Route:\*\* Oral - \*\*Frequency:\*\* Take 1 tablet every 6-8 hours as needed for headache pain. - \*\*Quantity:\*\* 30 tablets - \*\*Refills:\*\* 1 - \*\*Instructions:\*\* Do not exceed 1200 mg per day. Take with food to minimize gastrointestinal discomfort. Avoid use if allergic to NSAIDs or if history of gastric ulcers. 2. \*\*Amitriptyline\*\* - \*\*Dosage:\*\* 25 mg - \*\*Route:\*\* Oral - \*\*Frequency:\*\* Take 1 tablet at bedtime. - \*\*Quantity:\*\* 30 tablets - \*\*Refills:\*\* 2 - \*\*Instructions:\*\* May experience sedation; adjust activities accordingly. Monitor for increased drowsiness, dry mouth, or constipation. Contact provider if side effects are severe or concerning. -----  
\*\*Lifestyle Modifications:\*\* - Hydration: Encourage the patient to drink at least 8 glasses of water daily. - Sleep Hygiene: Advise on maintaining a consistent sleep schedule; aiming for 7-9 hours of sleep each night. - Stress Management: Suggest mindfulness practices or yoga. Consider a referral for cognitive behavioral therapy if stress-related triggers are suspected.  
----- \*\*Follow-Up:\*\* - \*\*Appointment:\*\* Schedule a follow-up visit in 1-2 weeks to assess headache characteristics and response to treatments. - \*\*Patient Monitoring:\*\* Educate the patient to document the frequency, duration, and intensity of headaches, including any associated symptoms or potential triggers. \*\*Referral Consideration:\*\* - If headaches persist despite the current management plan or if there are any changes in headache characteristics (increased severity/frequency), refer to a neurologist for specialized evaluation.  
----- \*\*Patient Education:\*\* - Provide education on headache triggers (such as dietary factors, stress, lack of sleep) and the importance of tracking headache patterns and potential triggers. - Discuss with the patient the risks of overusing pain medications leading to rebounding headaches. ----- \*\*Signature:\*\* [Your Name, MD/DO] [Your Contact Information] [Your Practice Name / Hospital Name] ----- ````