

PATIENT INFORMATION:

Name: Sarah Martinez

Age: 34 years

Gender: Female

Date: January 16, 2026

CHIEF COMPLAINT:

Severe migraine headaches with visual disturbances, occurring 3-4 times per week for the past month.

HISTORY OF PRESENT ILLNESS:

Patient reports debilitating headaches characterized by throbbing pain on the right side of head, lasting 6-8 hours. Headaches are preceded by visual aura (flashing lights, zigzag patterns) 20-30 minutes before onset. Associated with nausea, vomiting, and photophobia. She has been missing work due to severity. Triggers include stress, bright lights, and skipped meals. Over-the-counter medications provide minimal relief.

PAST MEDICAL HISTORY:

- Migraine history since age 16, but recent increase in frequency
- Anxiety disorder
- No history of hypertension or diabetes
- Regular menstrual cycles

CURRENT MEDICATIONS:

- Ibuprofen 400mg as needed (taking 3-4 times daily recently)
- Sertraline 50mg daily for anxiety
- Oral contraceptive pills

ALLERGIES:

- Codeine (causes severe nausea)

FAMILY HISTORY:

- Mother has chronic migraines
- Father has hypertension
- No family history of stroke or brain tumors

PHYSICAL EXAMINATION:

Vital Signs:

- Blood Pressure: 118/76 mmHg
- Heart Rate: 72 bpm
- Respiratory Rate: 16 breaths/min
- Temperature: 98.6°F
- Weight: 145 lbs, BMI: 24.8

Neurological Examination:

- Alert and oriented x3
- Cranial nerves II-XII intact
- Motor strength 5/5 in all extremities
- Sensory examination normal
- Deep tendon reflexes 2+ and symmetric
- Negative Romberg sign
- No neck stiffness or photophobia on exam today

Fundoscopic Examination: Normal, no papilledema

ASSESSMENT:

1. Chronic migraine with aura - increased frequency and severity
2. Medication overuse headache (MOH) from excessive ibuprofen use
3. Anxiety disorder - stable on current medication

PLAN:

1. Start prophylactic migraine treatment:

- Topiramate 25mg nightly, titrate up to 50mg after 1 week

2. Acute migraine treatment:

- Sumatriptan 50mg tablets at onset of headache (maximum 2 doses per day)

- Discontinue daily ibuprofen to prevent MOH

3. Lifestyle modifications:

- Keep headache diary to identify triggers

- Regular sleep schedule (7-8 hours)

- Stay hydrated, don't skip meals

- Stress management techniques

4. Consider MRI brain if no improvement in 6 weeks to rule out secondary causes

5. Neurology referral if symptoms persist despite treatment

6. Follow-up in 4 weeks to assess response to prophylactic therapy

7. Discussed warning signs requiring emergency evaluation (sudden severe headache, fever, confusion, focal neurological deficits)