

My Migraine Action Plan

My name: _____

Date: / /

My doctor's name: _____

Phone number: _____

My clinic: _____

Phone number: _____

My pharmacy: _____

Phone number: _____

Green Zone – Good control – My headache plan is working. I can do what I need to do.

I will:

Keep managing my triggers.

Write in my migraine diary each time I have a headache.

Keep taking my preventive (controller) medicine daily.

Take my relief and rescue medicine as needed.

Yellow Zone – Not enough control – My headache plan isn't always working. My headaches keep me from doing some of the things I need to do.

I will:

Set goals to control my triggers and act on them.

Write in my migraine diary each time I have a headache and review it for patterns or new triggers.

Keep taking my preventive (controller) medicine daily.

Take my relief and rescue medicine as needed.

Call my doctor or clinic if I stay in the Yellow Zone.

Red Zone – Poor or no control – My headache plan has failed. I can't do anything when I have one. My medicines aren't working.

I will:

Set goals to control my triggers and act on them.

Write in my migraine diary each time I have a headache and review it for patterns or new triggers.

Keep taking my preventive (controller) medicine daily.

Take my relief and rescue medicine as needed.

Call my doctor or clinic or go to urgent care or an ER if I'm having the worst headache of my life.

Call my doctor or clinic or go to urgent care or an ER if my medicine doesn't work.

Let my doctor or clinic know within two weeks if I have gone to an urgent care or an ER.

My preventive (controller) medicine: _____

My relief and rescue medicine: _____

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