

# 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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