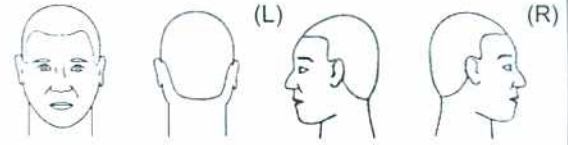


HEADACHE HISTORY & PROFILE



NAME _____ DATE OF BIRTH _____ DATE _____

On what part of the head do the headaches start? Use diagrams to indicate -
 ___ (R) Side ___ (L) Side ___ Either side ___ Both sides
 ___ Back ___ On top ___ Temples ___ Behind / around eyes
 ___ Forehead ___ Face ___ Neck ___ Other -



After the headache starts - Does it usually - Stay in one place _____ Move around _____ Please explain -

How would you describe the pain? ___ Throbbing / pulsating ___ Pressing / squeezing ___ Stabbing ___ Sharp
 ___ Dull / nagging ___ Other -

Describe the degree of pain (circle one #) - slight - 1 2 3 4 5 6 7 8 9 10 - worst imaginable

Do your headaches interfere or prevent normal activities - work etc.? Yes No

How long ago did the current headaches start? ___ Weeks ___ Months ___ Years

How old were you when any headache started? ___

How long does the headache usually last? ___ Minutes ___ Hours ___ Days ___ Constant


How often does the headache occur? ___ x / Day ___ x / Week ___ x / Month ___ x / Year ___ Constant

Does the headache awaken you from sleep? Yes No

Is the headache getting ___ worse ___ better ___ fluctuating ___ no change


Are any of the following symptoms associated with the headache? Please mark (B) before (✓) during (A) after


- | | | | | | |
|------------------------------------|------------------------------|---------------------|--|--------------------|----------------|
| ___ Spots before eyes - type | ___ Nausea | ___ Vomiting | Weakness(W) | Numbness(N) | Both(B) |
| ___ Blindness (R L) | ___ Loss of appetite | ___ Hunger | ___ Face (R L) | ___ Arms (R L) | |
| ___ Blurring (R L) | ___ Cramps | ___ Diarrhea | ___ Arm & Leg (R L) | ___ Legs (R L) | |
| ___ Double vision | Face - Scalp - | | ___ Difficulty talking (finding words) | | |
| ___ Can see only half of objects | ___ Pale | ___ Redness | ___ Difficulty understanding | | |
| ___ Eyelid droop (R L) | ___ Sweating | ___ Tender | ___ Numbness around lips | | |
| ___ Tearing (R L) | ___ Puffy | ___ Pain on chewing | ___ Slurred speech | | |
| ___ Eye redness (R L) | ___ Decreased jaw opening | | ___ Fainting (feel like or have fainted) | | |
| ___ Eyes puffy (R L) | Neck - | | ___ Dizzy (lightheaded - unsteady) - spinning) | | |
| ___ Light sensitivity | ___ Stiff | ___ Tender | | | |
| ___ Noise sensitivity | ___ Difficulty concentrating | | Hands and / or feet - | | |
| ___ Odors sensitivity | ___ Depression | ___ Anxiety | ___ Cold | ___ Pale | |
| ___ Nose blocked / discharge (R L) | ___ Fatigue | ___ Irritability | ___ Sweaty | ___ Mottled | |



Maxalt-MLT Enables Efficacy Anytime, Anywhere
(rizatriptan benzoate)

MAXALT® (rizatriptan benzoate) is indicated for the acute treatment of migraine attacks with or without aura in adults. MAXALT is not intended for the prophylactic therapy of migraine or for use in the management of hemiplegic or basilar migraine. Safety and effectiveness of MAXALT have not been established for cluster headache, which is present in an older, predominantly male population.
 See additional cautionary information on reverse side.





Dissolves In Seconds Without Water

MAXALT and MAXALT-MLT are registered trademarks of Merck & Co. Inc.

HEADACHE HISTORY & PROFILE - (CONTINUED)



Indicate if any of the following factors have (✓) brought on (trigger) or (x) worsen your headache -

- | | | |
|--|--|--|
| <input type="checkbox"/> Head injury | <input type="checkbox"/> Sexual activity | <input type="checkbox"/> Other foods _____ |
| <input type="checkbox"/> Sleep - too much - too little | <input type="checkbox"/> Missed meal | _____ |
| <input type="checkbox"/> Emotional stress ___ during ___ after | <input type="checkbox"/> Change in weather | _____ |
| <input type="checkbox"/> Depression - anxiety | <input type="checkbox"/> Seasons - | <input type="checkbox"/> Medications _____ |
| <input type="checkbox"/> Physical activity | <input type="checkbox"/> Alcohol ___ MSG | _____ |
| <input type="checkbox"/> Erect position | <input type="checkbox"/> Processed meats | <input type="checkbox"/> Menstrual periods |
| <input type="checkbox"/> Bending over | <input type="checkbox"/> Chocolate ___ Citrus fruits | <input type="checkbox"/> Pregnancy ___ Menopause |
| <input type="checkbox"/> Straining - coughing | <input type="checkbox"/> Cheeses | <input type="checkbox"/> Contraceptives |

Do any blood relatives have severe headaches? Yes No - Who & Diagnosis -

Which of the following makes the headache better? ___ Rest ___ Activity ___ Darkness ___ Quiet ___ Compresses
___ Scalp or temple pressure ___ Pregnancy ___ Menopause

Personal History - Cig (# / day / # yrs) Alcohol (oz. / day) Coffee (cups / day)

Are you or have been - ___ Depressed ___ Anxious

Previous professional treatment of headache? Yes No - Who & When -

Previous x-ray or other investigations of headache? Yes No - Describe -

Previous medications for headache? Yes No - Name - dosage

Other current medications? Please list - include over-the-counter drugs

DRUG ALLERGIES

MIDAS HEADACHE DISABILITY SCORE:

ADDITIONAL NOTES

Select Safety Information

MAXALT® (rizatriptan benzoate) should not be given to patients with ischemic heart disease (eg, angina pectoris, history of myocardial infarction, or documented silent ischemia) or to patients who have symptoms or findings consistent with ischemic heart disease, coronary artery vasospasm, including Prinzmetal's variant angina, or other significant underlying cardiovascular disease. Because MAXALT may increase blood pressure, it should not be given to patients with uncontrolled hypertension. MAXALT should not be used within 24 hours of treatment with another 5-HT₁ agonist, or an ergotamine-containing or ergot-type medication like dihydroergotamine or methysergide. MAXALT should not be administered to patients with hemiplegic or basilar migraine.

Concurrent administration of MAO inhibitors or use of rizatriptan within 2 weeks of discontinuation of MAO inhibitor therapy is contraindicated. MAXALT is contraindicated in patients who are hypersensitive to rizatriptan or any of its inactive ingredients. MAXALT should only be used where a clear diagnosis of migraine has been established. Serious adverse cardiac events, including acute myocardial infarction, have been reported within a few hours following the administration of rizatriptan. Life-threatening disturbances of cardiac rhythm and death have been reported within a few hours following the administration of other 5-HT₁ agonists. Considering the extent of use of 5-HT₁ agonists in patients with migraine, the incidence of these events is extremely low.

Cases of life-threatening serotonin syndrome have been reported during combined use of selective serotonin reuptake inhibitors (SSRIs) or serotonin norepinephrine reuptake inhibitors (SNRIs) and triptans. The most common adverse events include asthenia/fatigue, somnolence, pain/pressure sensations, and dizziness, and they appear to be dose related. Potentially important adverse events that have occurred in clinical practice and reported through postmarketing surveillance include myocardial ischemia, myocardial infarction, stroke, serotonin syndrome, seizure, dysgeusia, hypersensitivity reaction, anaphylaxis/anaphylactoid reaction, angioedema (eg, facial edema, tongue swelling, pharyngeal edema), wheezing, and toxic epidermal necrolysis.

Before prescribing MAXALT or MAXALT-MILT® (rizatriptan benzoate), please read the Prescribing Information at the back of tablet.

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