



COPYRIGHT © 2022
MISSION PEDIATRICS, INC.
ALL RIGHTS RESERVED

IF YOU ARE READING THIS SMALL PRINT, THEN IT IS POSSIBLE
YOU HAVE ENTIRELY TOO MUCH TIME ON YOUR HANDS ;)



HEADACHE DIARY

Our Mission

To create a delightfully different healthcare experience for children and their families.

Our Vision

- To be the leader in providing the best quality pediatric care
- To have the most engaging providers and care team for our patients
- To set the standard for excellent medical teaching
- To always heal and never do harm
- To treat everyone with dignity and respect
- To create a memorable and truly special experience for all
- To consistently deliver excellent and efficient care
- To unleash the power of creativity and humor in the healing process
- To effectively reach the underserved communities around us
- To promote a message of healthy living that improves our community and beyond
- To elevate people's expectations of what healthcare can truly be
- To inspire the next generation to thrive

Statement of Purpose

At Mission Pediatrics, we aim to provide high-quality, whole-person pediatric care with emphasis on excellence and compassion. Interwoven throughout our approach to healthcare are the pillars of respect and responsibility which we expect both of ourselves and our patients. We seek to promote healthy living, to bring healing with gentle humor and to provide a peaceful and creative office experience. We want to ensure access to the most vulnerable patients and communities because we believe that serving the lowest is the highest calling. We seek real results wherein patients are actually measurably improving in their health. And we believe that achieving the best quality care requires that our doctors, providers and patient care team must be *just as* satisfied with their experience as their patients.

A Little Bit About Us

Mission Pediatrics began in 1984 with a small office in Perris, California under the pioneering work of pediatrician Xavier Gonzalez. By the early 90's, it was the largest vaccine provider in California. Under the vision of pediatrician Tim Watson, it grew to five locations in Riverside and San Bernardino Counties with 13 providers –complete with its own Integrative Care Clinic for children with highly specialized needs. Demonstrating its leadership in innovative pediatric care, all of our offices have a unique theme with the staff in full costume. Offices with custom-made artwork, special effects and fun teaching videos help you laugh and learn. Theme-based medicine provides you and your child a fun and creative medical experience in stark contrast from other clinics. Heavily supporting local arts and businesses, we consistently support community wellbeing with multiple events promoted online. Our business model works off of four concepts and four pillars. The concepts begin with **Safety** above all else, closely followed by an attitude of **Courtesy**. This is enhanced by a delightfully different medical **Experience**. We complete the circle with **Efficient** and streamlined practice. Our team operates with four Pillars. **Clarity of Vision** where we clearly practice our mission, **Constant Communication** within our team to provide consistent care, **Caring in Action** with demonstrated support of our communities and **Unity in Purpose** where we remain laser focused on access to care for our patients. Our annual Excellence in Action training seminar fine tunes us as a team so your experience of the joy of medicine flourishes. We hope it shows with our smiles and cheerful care. ☺



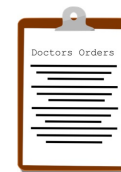


CONGRATULATIONS!
YOU'RE ALL DONE

PLEASE BRING THIS DIARY
WITH YOU TO YOUR NEXT
DOCTOR'S APPOINTMENT TO
DISCUSS NEXT STEPS.

NAME: _____

AGE: _____



INSTRUCTIONS

WHY THIS MATTERS:

If you are using this diary, it is because headaches have become a problem for you and you want help from your doctor to make it better. The first step, after your doctor has examined you and recommended this diary is to carefully fill it out to the best of your ability. Headaches can be caused by a variety of factors, including needing glasses, diet, lack of sleep, lack of enough fluids, infection and stress. Sometimes headaches run in the family. If your child has headaches that cause them to awaken in the middle of the night or in the early morning with pain, please tell your doctor immediately as these can be very serious.

Please list TIME and DATE the headache STARTS.

DESCRIBE the headache 1 mild to 10 severe. What part of the head hurts?

Please list what makes it BETTER and what makes it WORSE.

Please list the TIME and DATE the headache STOPS.

Please make sure that IF you need glasses or a new prescription, that you have the correct prescription and wear your glasses EVERY DAY.

Write down ALL pain medications you take. How many pills?

Please make sure to tell your doctor if you are using pain medication every day.

Please write down if you drank coffee, caffeinated tea, espresso or caffeinated soda.

See next page for tips from the Mayo Clinic to assist you in your diary.

MAYO CLINIC TIPS

The world renown Mayo Clinic has created an online tool headache diary with the following extra tips to help you record your diary.

1. Date: Record the current month and day.
2. Medication Use: Record whether you used "as needed" medications or not. If you did take "as needed" medications, record the medication name and number of times you took medication.
3. Number of Headaches: Record the number of headaches you had during this day.
4. Headache Description: Write down the following details about your headache. Use a separate line for each new headache:
Severity: Record the strength of your headache pain. Use a scale of 0-10, where 0 is no pain and 10 is the worst pain you can imagine. Only use whole numbers such as 1, 2, 3 and not decimals or fractions (7.5 or 7 1/2).
5. If you have a single headache that lasts for the entire day, record the average pain level and worst pain level of that headache. If you have more than one headache on a given day, record the average pain level and the worst pain level for each headache.

Mayo Clinic Original Headache Diary

<https://www.mayoclinichealthsystem.org/-/media/national-files/documents/hometown-health/2019/headache-diary.pdf?la=en&rev=8209e1a629504337bab57b22f2cab58c&hash=1B2E3BFB6D3138D01DE5D4AFFC9AB047>

Date: _____

Start Time: _____ End Time: _____

Details:



Date: _____

Start Time: _____ End Time: _____

Details:



Date: _____

Start Time: _____ End Time: _____

Details:



Date: _____

Start Time: _____ End Time: _____

Details:



MORE MAYO CLINIC TIPS

The Mayo Clinic Headache Diary has the following descriptions to assist you:

DURATION: Record the length of every headache. If you have more than one headache on a given day, record the total duration of each headache. Do not include time when you are sleeping. (If the duration is less than one hour, still write down one hour).

Severe duration: Record the length of severe headache pain (greater than or equal to 7 on the 0-10 scale) for each headache.

SYMPTOMS:

Aura: Record whether you experienced visual symptoms, tingling of face or hand, or problems with speech or weakness prior to headache.

Prodrome: Record whether you predictably experience any symptoms prior to the onset of headache (e.g. yawning, nausea, sensitivity to light).

Nausea: Record whether you felt like you might vomit during this headache.

Vomiting: Record whether you vomited during this headache.

Sensitive to light: Record whether you became sensitive to light, wanting to avoid bright light, during this headache.

Sensitive to sound: Record whether you became sensitive to sound, wanting to avoid loud sounds, during this headache.

One-sided: Record whether your headache pain was limited to one side of your body.

Which side: If your headache was one-sided, indicate whether it occurred on the R (right) or L (left) side.

Throbbing: Record whether your headache pain was throbbing or pulsating.

Made worse by activity: Record whether your headache was made worse by activity, making you want to rest.

Date: _____

Start Time: _____ End Time: _____

Details:



Date: _____

Start Time: _____ End Time: _____

Details:



Date: _____

Start Time: _____ End Time: _____

Details:



Date: _____

Start Time: _____ End Time: _____

Details:



Date: _____

Start Time: _____ End Time: _____

Details:



Date: _____

Start Time: _____ End Time: _____

Details:



Date: _____

Start Time: _____ End Time: _____

Details:



Date: _____

Start Time: _____ End Time: _____

Details:



Date: _____

Start Time: _____ End Time: _____

Details:



Date: _____

Start Time: _____ End Time: _____

Details:



Date: _____

Start Time: _____ End Time: _____

Details:



Date: _____

Start Time: _____ End Time: _____

Details:



Date: _____

Start Time: _____ End Time: _____

Details:



Date: _____

Start Time: _____ End Time: _____

Details:



Date: _____

Start Time: _____ End Time: _____

Details:



Date: _____

Start Time: _____ End Time: _____

Details:



Date: _____

Start Time: _____ End Time: _____

Details:



Date: _____

Start Time: _____ End Time: _____

Details:



Date: _____

Start Time: _____ End Time: _____

Details:



Date: _____

Start Time: _____ End Time: _____

Details:

