Facial pain

Please print this form, check **one box per question**, and bring the completed form to your appointment. These are the questions your neurologist is most likely to ask about this symptom — answering them on paper first makes the visit faster and more accurate. If you are unsure of an answer, check "Not sure".

Your name _____ Date of birth _____ Today's date _____

1A. Safety screen

Answer every question. If any answer is "Yes" or "Not sure", follow the instruction shown below the question — these can be emergencies.

Is there new face droop, one-sided weakness or numbness, difficulty speaking or understanding, double vision, or severe loss of coordination?

☐ No ☐ Yes ☐ Not sure

If yes: Call emergency services now and record the exact time the person was last known well.

Is there new confusion, reduced consciousness, a seizure, or difficulty awakening?

☐ No ☐ Yes ☐ Not sure

If yes: Call emergency services now. Do not leave the person alone or give food, drink, or medication by mouth.

Is there new severe breathlessness, inability to swallow saliva, blue lips, or rapidly worsening weakness?

☐ No ☐ Yes ☐ Not sure

If yes: Call emergency services now; breathing and swallowing problems can become critical quickly.

Is there sudden loss of vision, a new missing visual field, or a painful red eye?

☐ No ☐ Yes ☐ Not sure

If yes: Seek emergency eye or emergency-department assessment now.

1B. Timeline

Use the first occurrence for recurrent episodes and the current episode for a changing symptom.

How did the symptom begin?

☐ Suddenly, over seconds or minutes ☐ Over hours to days ☐ Gradually over weeks or months

☐ Longstanding or since childhood ☐ Not sure

Use the first occurrence for recurrent episodes; use the current episode for a changing symptom.

What is the overall course?

☐ One persistent episode ☐ Separate recurrent episodes ☐ Steadily worsening ☐ Fluctuating or variable

☐ Currently resolved

Has this exact pattern been assessed before?

☐ Definitely new ☐ The same pattern occurred before ☐ Present and stable for a long time ☐ Not sure

1C. Discriminating features

Which pain description fits best?

☐ Brief electric-shock or stabbing attacks ☐ Persistent burning or aching ☐ Pressure or fullness

☐ Throbbing or vascular-type pain

What reliably triggers the pain?

☐ Light touch, chewing, speaking, or cold air ☐ Jaw movement or chewing ☐ Eye movement or light

☐ Spontaneous, no consistent trigger

Is facial sensation altered between attacks?

☐ Sensation feels normal ☐ Persistent numbness or reduced feeling ☐ Tingling or variable sensitivity ☐ Not sure

Where is the pain?

☐ Strictly one side ☐ Both sides or midline ☐ It changes sides ☐ Not sure

1D. Associated findings

Record other clues and the effect on usual activities. New associated symptoms can change urgency.

Are there other neurological symptoms—weakness, numbness, speech change, double vision, swallowing difficulty, or severe imbalance?

☐ Yes ☐ No ☐ Not sure

Are there systemic clues—fever, weight loss, cancer, infection risk, pregnancy/postpartum status, or a new medication?

☐ Yes ☐ No ☐ Not sure

How much does this affect daily activity?

☐ Noticeable but activities continue ☐ Some activities are limited ☐ Cannot perform usual activities ☐ Not sure

1E. Clinical context

These answers help distinguish medication, medical, neurological, and pre-existing contributors.

Who is being assessed?

☐ Adult or adolescent ☐ Child under 12 ☐ Adult aged 65 or older

Could a medicine, substance, withdrawal, or recent dose change be relevant?

☐ No plausible contributor ☐ Yes or possibly ☐ Not reviewed

Include sedatives, dopamine-blocking drugs, stimulants, decongestants, anticholinergics, alcohol, and non-prescribed substances when relevant.

Is there a relevant neurological, muscular, metabolic, cardiovascular, autoimmune, or sleep disorder?

☐ No known relevant condition ☐ Yes ☐ Not sure

What prior information is available?

☐ A previous examination or investigation ☐ Prior records but no clear explanation ☐ No useful prior assessment ☐ Not sure

1F. Additional history

Use the lines below to record exact dates and times, witness details, current medications and any recent dose changes, prior tests or investigation reports, and what your usual baseline function is.

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This form collects your history only. It cannot diagnose, triage, or exclude an emergency, and it is not medical advice. Call 911 for severe, sudden, or worsening symptoms.