

InstantHPI

Free Medical Education Tool — instanthpi.com

This document is for educational purposes only. It does not constitute medical advice, diagnosis, or prescription.

Patient: Female, 28 years old

Date: 03/27/2026

EDUCATIONAL EXAMPLE — This is what this document would look like. It is NOT an actual prescription, referral, or medical order. A real doctor must issue their own.

Clinical Summary — This Can Be Provided to a Real Doctor

S: 28-year-old female presenting with recurring severe headaches that began 3 weeks ago. Pain is throbbing and pulsating, primarily right-sided with radiation to the right eye and temple. Severity rated 8/10 at peak. Episodes preceded by visual aura (flashing lights, zigzag patterns) lasting 15-20 minutes. Headache duration 4-12 hours, frequency 3-4 times per week, increased from baseline 1-2 per month. Aggravated by bright lights, loud noises, stress, and physical activity. Relieved by dark quiet room and cold compresses. Ibuprofen 400 mg tried with minimal effect. Associated nausea, occasional vomiting, photophobia, and phonophobia. No fever, neck stiffness, vision loss, weakness, or speech difficulty. PMH: seasonal allergies. Medications: cetirizine 10 mg daily. NKDA. Not pregnant or breastfeeding.

A: Migraine with aura, increased frequency. Clinical presentation is classic for migraine with typical visual aura preceding unilateral throbbing headache with associated nausea, photophobia, and phonophobia. The recent increase in frequency from 1-2/month to 3-4/week suggests possible transformation toward chronic migraine, warranting preventive therapy. Differential includes tension-type headache (less likely given unilateral throbbing quality and aura), cluster headache (less likely given duration and gender), and secondary causes (red flags absent but imaging warranted given frequency change).

P: CBC, CMP, TSH, ESR to rule out metabolic or inflammatory triggers. MRI brain without contrast to exclude secondary causes given new increase in frequency. Sumatriptan 50 mg PO at onset of aura, may repeat once after 2 hours if needed, max 200 mg/24 hours. Metoclopramide 10 mg PO PRN for nausea with migraine episodes. Propranolol 40 mg PO BID as preventive therapy, titrate based on response and tolerability. Referral to family medicine for in-person neurological examination and headache management. Headache diary recommended. Lifestyle modifications: regular sleep schedule, hydration, stress management. Red flag instructions: seek emergency care immediately if thunderclap headache, worst headache of life, fever with stiff neck, new neurological deficits, or headache after trauma.
