

# Neurologic Examination Check normal, circle & describe abnormal

CC & significant history: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Patient: \_\_\_\_\_ date: \_\_\_\_\_  
 Insurance: \_\_\_\_\_ (dd/mm/yr)  
 Date of birth: \_\_\_\_\_ M/F

- Key considerations:**  headache,  head injury,  dizziness/vertigo,  seizures,  tremors,  weakness,  incoordination,  numbness/tingling,  difficulty swallowing,  difficulty speaking,  significant past history,  environmental hazards,  other: \_\_\_\_\_
- Refer for secondary consultation: \_\_\_\_\_
- Refer for diagnostic imaging: \_\_\_\_\_

**Mental Status:**  WNL

**Development** ( good,  fair,  poor)

**Behavior** (Alert, lethargic, confusion, speech)

**Orientation** (Time, person, place & situation)

**Memory/Concentration**

Name president/recent newsworthy events

3 word or place recall at 0 and 5 minutes

(100) - (7) up to five times (93, 86, 79...)

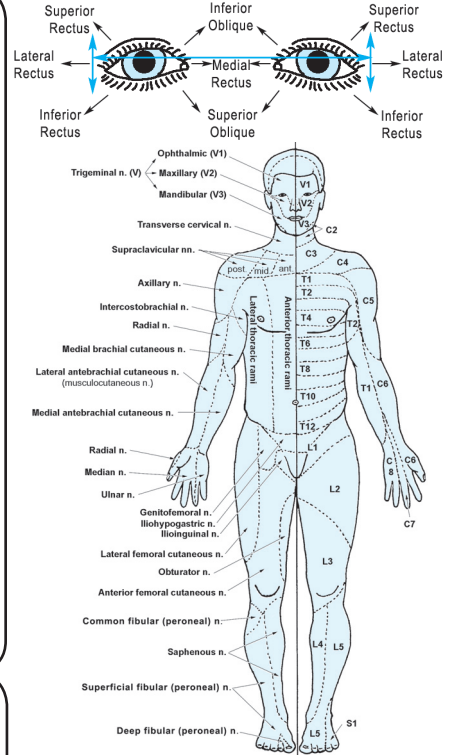
Spell word backwards

Draw a clock (make the time 12:30)

Draw overlapping pentagons

**Cranial Nerves:**  WNL

I - Olfactory	R	L	VII - Facial	R	L
Scent #1			Facial expressions		
Scent #2			Facial expression #2		
<b>II - Optic</b>			Normal eye moisture		
Visual acuity			<b>VIII - Vestibulocochlear</b>		
Visual fields			Rhombert's test		
Fundoscopic exam			Auditory acuity		
<b>III, IV, VI - Oculomotor, trochlear, abducens</b>			Weber		
'H' pattern			Rinne		
Convergence			<b>IX, X - Glossopharyngeal &amp; Vagus</b>		
Nystagmus			Gag reflex		
Consensual light reflex			Elevation of palate		
<b>V - Trigeminal</b>			<b>XI - Spinal accessory</b>		
Lateral jaw deviation			Trapezius muscle test		
Masseter contraction			SCM muscle test		
Face sensation			<b>XII - Hypoglossal</b>		
Corneal touch reflex			Stick out tongue		



**Reflexes:**  WNL

DTR (0-5)	R	L
Biceps (C5)		
Brachioradialis (C6)		
Triceps (C7)		
Patella (L4)		
Hamstring (L5)		
Achilles (S1)		

Pathologic	R	L
Babinski		
Abdominal		
Hoffman's		

\*Note presence of clonus

**Cerebellar:**  WNL

	R	L
Rapid finger movement		
Rapid pro/supination		
Finger-to-nose/finger		
Heel down shin		
Holme's rebound sign		
Gait/heel-toe walk		

**Sensory:**  WNL

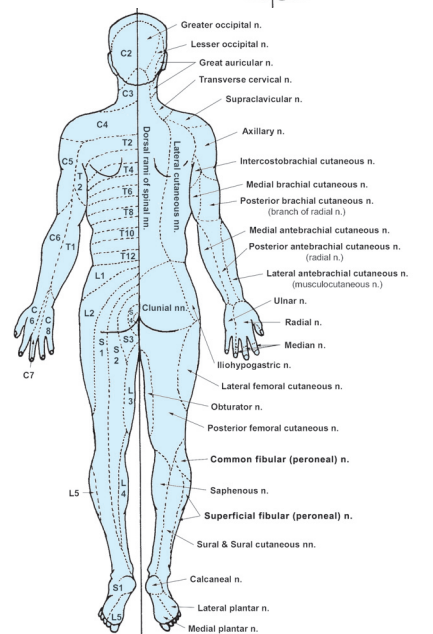
	R	L
Light touch		
Vibration		
Stereognosis		
Graphesthesia		
2-point discrim		
Position sense		
Proprioception		
Romberg		
Sharp/dull		
Hot/cold		

**Motor Function:**  WNL

Motor (0-5)	R	L
Deltoid (C5, C6) (axillary)		
Brachioradialis (C5, C6) (radial)		
Biceps (C5, C6) (musculocut.)		
Triceps (C6, C7, C8, T1) (radial)		
Wrist flexors (C6, C7) (med./ulnar)		
Wrist extensors (C6, C7, C8) (rad.)		
Interossei (C7, C8, T1) (ulnar)		
Tib. anterior (L4, L5) (deep per.)		
Extensor hallucis longus (L4, L5, S1) (deep peroneal)		
Fibularis (peroneus) longus (L5, S1) (superficial peroneal)		

**Nerve Tension:**  WNL

	R	L
Straight Leg Raise		
Maximal SLR		
Bragard's		
Femoral nerve traction		
Median nerve traction		
Radial nerve traction		
Ulnar nerve traction		
Tinel's		



**DDx:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This form is a comprehensive checklist of examination procedures. Each item should be utilized as a diagnostic option based on the patient's presenting symptoms and the clinical discretion of the examiner. Every procedure does not have to be performed on every patient. Some procedures may be contraindicated in certain situations. Patient information contained within this form is considered strictly confidential. Reproduction is permitted for personal use, not for resale or redistribution. [www.prohealthsys.com](http://www.prohealthsys.com) ©2005 by Professional Health Systems Inc. All rights reserved. "Dedicated to Clinical Excellence."

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_