

Cerebellar Examination

Patient Details

Name:

Age:

Gender:

History and Symptom Review

Presenting Complaints:

Description of Symptoms:

Duration of Symptoms:

Progression of Symptoms:

Associated Symptoms:

Past Medical History:

Family History:

Review of other Systems:

Medications:

Physical Examination

General Examination:

General Appearance:

Vital Signs

Blood Pressure:

Heart Rate:

Respiratory Rate:

Temperature:

Body Mass Index:

Neurological Examination:

Mental Status Examination:

Vital Signs

Orientation:

Memory:

Speech:

Cranial Nerves Examination

Observations:

Cerebellar Examination:

A. Gait and Stance

Observations:

Description of any abnormalities:

Tandem walking:

Romberg test:

B. Coordination

1. Finger-Nose Test:

Observations:

Description of any abnormalities:

2. Heel-Shin Test

Observations:

Description of any abnormalities:

3. Rapid Alternating Movements Test:

Observations:

Description of any abnormalities:

C. Muscle Tone

Observations:

Description of any abnormalities:

D. Reflexes

Observations:

Description of any abnormalities:

Diagnosis & Recommendations

Preliminary Diagnosis:

Detailed Explanation of Diagnosis:

Additional Tests Required:

Detailed Explanation of Additional Tests:

Recommended Treatment:

Detailed Explanation of Treatment:

Follow-up Schedule:

Additional Notes:

Remember to tailor this template to the specific needs and requirements of your practice and patient.