

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
<u>1. Finger-Nose Test:</u>
Observations:
Description of any abnormalities:
<u>2. Heel-Shin Test</u>
Observations:
Description of any abnormalities:
<u>3. Rapid Alternating Movements Test:</u>

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.