

Cranial Nerve Exam

Patient name: _____ Date of birth: _____

Patient Identifier: _____ Date of examination: _____

Cranial Nerve	Number	Notes
Olfactory	I	
Optic	II	
Oculomotor, Trochlear, and Abducens	III, IV and VI	
Trigeminal	V	
Facial	VII	

