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	



Cranial Nerve Exam

Cranial Nerve	Number	Notes	
Vestibulocochlear	VIII		
Glossopharyngeal and Vagus	IX and X		
Spinal Accessory	XI		
Hypoglossal	XII		
Summary of Findings and Further Assessments			
Clinician Name:			
Clinician Designation:			

