

Cranial Nerves Test

Patient Information
Name:
Age:
Gender:
Date of Examination:
Referring Physician:

Cranial Nerve Examination

1. Cranial Nerve I: Olfactory Nerve
Test Performed:
Substances Used:
Findings:
Right Nostril:
Left Nostril:
Comments:
2. Cranial Nerve II: Optic Nerve
Visual Acuity:
Right Eye:
Left Eye:
Visual Field Test:
Findings:
Ophthalmoscopic Exam:
Disc Appearance:
Comments:

3. Cranial Nerves III, IV, VI: Oculomotor, Trochlear, Abducens Nerves

Eye Movements:

Upward, Downward, Lateral:

Pupillary Light Reflex:

Response:

Ptosis:

Present/Absent:

Comments:

4. Cranial Nerve V: Trigeminal Nerve

Motor Function:

Jaw Clenching:

Sensory Function:

Forehead, Cheeks, Chin:

Corneal Reflex

Response:

Comments:

5. Cranial Nerve VII: Facial Nerve

Facial Movements:

Frown, Smile, Close Eyes, Puff Cheeks:

Taste Test (Anterior 2/3 of Tongue):

Findings:

Comments:

6. Cranial Nerve VIII: Vestibulocochlear Nerve

Hearing Test (Rinne and Weber):

Findings:

Balance Test (Romberg Test):

Result:

Comments:

7. Cranial Nerve IX: Glossopharyngeal Nerve

Gag Reflex:

Response:

Taste Test (Posterior 1/3 of Tongue):

Findings:

Comments:

8. Cranial Nerve X: Vagus Nerve

Palate Elevation:

Symmetry:

Voice Quality:

Hoarseness/Pitch:

Comments:

9. Cranial Nerve XI: Spinal Accessory Nerve

Shoulder Shrug:

Strength:

Head Turn Against Resistance:

Strength:

Comments:

10. Cranial Nerve XII: Hypoglossal Nerve

Tongue Movement:

Deviation, Atrophy, Fasciculations:

Comments:

Overall Assessment and Comments

Physician's Signature

Date: