

# Neuro Check Form

## Patient Information:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

Date/Time of Assessment: \_\_\_\_\_

## Vital Signs:

Blood Pressure: \_\_\_\_\_

Heart Rate: \_\_\_\_\_

Respiratory Rate: \_\_\_\_\_

Temperature: \_\_\_\_\_

## Level of Consciousness:

Glasgow Coma Scale (GCS) Score: \_\_\_\_\_

Eye Opening (E): \_\_\_\_\_

Verbal Response (V): \_\_\_\_\_

Motor Response (M): \_\_\_\_\_

## Mental Status:

Orientation to Person, Place, Time: \_\_\_\_\_

Response to Verbal Stimuli: \_\_\_\_\_

Response to Painful Stimuli: \_\_\_\_\_

## Motor Function:

Muscle Strength (Scale from 0 to 5):

- Upper Extremities (UE): \_\_\_\_\_
- Lower Extremities (LE): \_\_\_\_\_

Coordination Exam:

- Rapid Alternating Movements: \_\_\_\_\_
- Finger-to-Nose Test: \_\_\_\_\_

## Sensory Examination:

Response to Light Touch:

- Bilateral assessment: \_\_\_\_\_

Response to Pain:

- Bilateral assessment: \_\_\_\_\_

## Cranial Nerves:

I: Olfactory (Sense of Smell): \_\_\_\_\_

II: Optic (Visual Acuity): \_\_\_\_\_

III: Oculomotor: \_\_\_\_\_

IV: Trochlear: \_\_\_\_\_

V: Trigeminal (Sensory and Motor Functions): \_\_\_\_\_

VI: Abducens: \_\_\_\_\_

VII: Facial: \_\_\_\_\_

VIII: Vestibulocochlear (Hearing and Balance): \_\_\_\_\_

IX: Glossopharyngeal: \_\_\_\_\_

X: Vagus: \_\_\_\_\_

XI: Accessory: \_\_\_\_\_

XII: Hypoglossal: \_\_\_\_\_

## Reflexes:

Deep Tendon Reflexes (Use a scale, e.g., 0 to 4):

- Biceps: \_\_\_\_\_
- Triceps: \_\_\_\_\_
- Brachioradialis: \_\_\_\_\_
- Patellar: \_\_\_\_\_
- Achilles: \_\_\_\_\_

Bilateral Plantar Reflex (Upgoing/Downgoing): \_\_\_\_\_

## Other Observations:

- Pupillary Response:
  - Size, Equality, Reactivity to Light: \_\_\_\_\_
- Any Abnormal Movements or Posturing:
  
- Any Signs of Focal Cortical Functioning: