

Neuro Check Form

Patient information	
Full name:	Date of birth:
Medical record number:	
Date and time of assessment:	
Vital signs	
Blood pressure:	Heart rate:
Respiratory rate:	Temperature:
Other relevant vital signs:	
Level of consciousness	
Glassgow Coma Scale (GCS)	
Eye opening:	Verbal response:
Motor response:	Score:
National Institutes of Health Stroke Scale (NIHSS)	
Balance:	Eyes:
Face:	Arm:
Speech test:	Findings:
Mini-mental Status Exam (MMSE)	
Score:	
Notes:	
Cranial nerves	
I. Olfactory (sensory 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. Spinal accessory:	XII. Hypoglossal:
Additional notes:	

Sensory examination	
Response to light touch:	
Response to pain:	
Additional notes:	
Motor strength	
Hand grasps:	Lower extremity strength:
Upper extremity strength:	Additional notes:

Cerebellar function	
Gait and balance:	Pronator drift:
Finger-to-nose test:	Rapid alternating action:
Heel-to-shin test:	Additional notes:
Reflexes	
Recommendation: Use a scale, e.g. 0 to 4	
Biceps:	Triceps:
Brachioradialis:	Patellar:
Achilles:	
Bilateral plantar reflex (upgoing/downgoing)	

