

# Neuro Exam Checklist

Patient information		
Name:		
Age:		
Date of birth:		
Gender:		
Contact information:		
Mental status		
Alertness:		
Orientation:		
Attention:		
Memory:		
Language:		
Cranial nerves		
Number/Name	Status	Remarks
I - Olfactory (smell)	<input type="checkbox"/> Intact <input type="checkbox"/> Abnormality detected	
II - Optic (vision)	<input type="checkbox"/> Intact <input type="checkbox"/> Abnormality detected	
III - Oculomotor	<input type="checkbox"/> Intact <input type="checkbox"/> Abnormality detected	
IV - Trochlear	<input type="checkbox"/> Intact <input type="checkbox"/> Abnormality detected	
V - Trigeminal	<input type="checkbox"/> Intact <input type="checkbox"/> Abnormality detected	
VI - Abducens	<input type="checkbox"/> Intact <input type="checkbox"/> Abnormality detected	
VII - Facial	<input type="checkbox"/> Intact <input type="checkbox"/> Abnormality detected	
VIII - Vestibulocochlear	<input type="checkbox"/> Intact <input type="checkbox"/> Abnormality detected	

Number/Name	Status	Remarks
IX - Glossopharyngeal	<input type="checkbox"/> Intact <input type="checkbox"/> Abnormality detected	
X - Vagus	<input type="checkbox"/> Intact <input type="checkbox"/> Abnormality detected	
XI - Accessory	<input type="checkbox"/> Intact <input type="checkbox"/> Abnormality detected	
XII - Hypoglossal	<input type="checkbox"/> Intact <input type="checkbox"/> Abnormality detected	

### Motor function

Upper extremity strength:

Lower extremity strength:

Coordination:

### Sensory functions

Sensory function	Status	Remarks
Light touch	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Pain	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Temperature	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Vibration	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Proprioception	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	

Sensory function	Location	Status	Remarks
Deep tendon reflexes	Biceps	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
	Triceps	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
	Patellar	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	

<b>Sensory function</b>	<b>Location</b>	<b>Status</b>	<b>Remarks</b>
Deep tendon reflexes	Achilles	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Plantar reflex	Plantar reflex	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	

**Gait station**

Gait:

Balance:

**Additional notes**