

# Neurological Assessment

<b>Patient Name:</b>		<b>Date:</b>	
<b>DoB:</b>	<b>Age:</b>	<b>Sex:</b>	<b>Gender:</b>

**Insurance:**

**CC & Significant History:**

**Key Consideration**

Headache     Dizziness/Vertigo     Tremors     Incoordination     Difficulty Swallowing  
 Head Injury     Seizures     Weakness     Numbness/Tingling     Difficulty Speaking  
 Significant Past History     Environmental Hazards     Other: .....  
 **Refer to secondary consultation:** .....  
 **Refer to diagnostic imaging:** .....

			<b>Mental Status</b>	<input type="checkbox"/> <b>WNL (Within Normal Limits)</b>
<b>Development</b>	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
<b>Behavior</b>	<input type="checkbox"/> Alert	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Confusion	<input type="checkbox"/> Speech
<b>Orientation</b>	<input type="checkbox"/> Time	<input type="checkbox"/> Person	<input type="checkbox"/> Place & Situation	
<b>Memory/Concentration</b>				
<input type="checkbox"/> Name president/recent newsworthy events				<input type="checkbox"/> 3 word or place recall at 0 and 5 minutes
<input type="checkbox"/> (100) - (7) up to five times (93, 86,79...)				<input type="checkbox"/> Spell word backwards
<input type="checkbox"/> Draw a clock (make the time 12:30)				<input type="checkbox"/> Draw overlapping pentagons
<b>Comments</b>				

**For the remaining sections, N = Normal, A = Abnormal. If Abnormal, Describe in Comments Section**

			<b>Reflexes</b>	<input type="checkbox"/> <b>WNL (Within Normal Limits)</b>	
<b>DTR (Rate from 0-4)</b>	<b>Right</b>	<b>Left</b>	<b>Pathologic</b>	<b>Right</b>	<b>Left</b>
Biceps (C5)			Babinski	<input type="checkbox"/> N <input type="checkbox"/> A	<input type="checkbox"/> N <input type="checkbox"/> A
Brachioradialis (C6)			Abdominal	<input type="checkbox"/> N <input type="checkbox"/> A	<input type="checkbox"/> N <input type="checkbox"/> A
Triceps (C7)			Hoffman's	<input type="checkbox"/> N <input type="checkbox"/> A	<input type="checkbox"/> N <input type="checkbox"/> A
Patella (L4)					
Hamstring (L5)					
Achilles (S1)					
<b>Comments</b>					

<b>Motor Function</b>		<input type="checkbox"/> WNL (Within Normal Limits)		<b>Comments</b>
<b>Motor</b> (Rate from 0-5)	<b>Right</b>	<b>Left</b>		
Deltoid (C5, C6) (axillary)	<input type="text"/>	<input type="text"/>		
Brachioradialis (C5, C6) (radial)	<input type="text"/>	<input type="text"/>		
Biceps (C5, C6) (musculocut.)	<input type="text"/>	<input type="text"/>		
Triceps (C6, C7, C8, T1) (radial)	<input type="text"/>	<input type="text"/>		
Wrist flexors (C6, C7) (med /ulnar)	<input type="text"/>	<input type="text"/>		
Wrist extensors (C6, C7, C8) (rad.)	<input type="text"/>	<input type="text"/>		
Interossei (C7, C8, T1) (ulnar)	<input type="text"/>	<input type="text"/>		
Tib. anterior (L4, L5) (deep per.)	<input type="text"/>	<input type="text"/>		
Extensor hallucis longus (L4, L5, S1) (deep peroneal)	<input type="text"/>	<input type="text"/>		
Fibularis (peroneus) longus (L5, S1) (superficial peroneal)	<input type="text"/>	<input type="text"/>		

<b>Cranial Nerve</b>				<input type="checkbox"/> WNL (Within Normal Limits)				
<b>I - Olfactory</b>		<b>Right</b>	<b>Left</b>	<b>VII - Facial</b>		<b>Right</b>	<b>Left</b>	
Scent #1	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A	Facial expressions	<input type="checkbox"/> N	<input type="checkbox"/> A	
Scent #2	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A	Facial expression #2	<input type="checkbox"/> N	<input type="checkbox"/> A	
<b>II - Optic</b>		<b>Right</b>	<b>Left</b>	<b>VIII - Vestibulocochlear</b>		<b>Right</b>	<b>Left</b>	
Visual acuity	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A	Rhomberg's test	<input type="checkbox"/> N	<input type="checkbox"/> A	
Visual fields	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A	Auditory acuity	<input type="checkbox"/> N	<input type="checkbox"/> A	
Funduscopy exam	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A	Weber	<input type="checkbox"/> N	<input type="checkbox"/> A	
<b>III, IV, VI</b>		<b>Right</b>	<b>Left</b>	<b>IX, X</b>		<b>Right</b>	<b>Left</b>	
"H pattern	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A	Gag reflex	<input type="checkbox"/> N	<input type="checkbox"/> A	
Convergence	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A	Elevation of palate	<input type="checkbox"/> N	<input type="checkbox"/> A	
Nystagmus	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A	<b>XI - Spinal Accessory</b>		<b>Right</b>	<b>Left</b>
Consensual light reflex	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A	Trapezius muscle test	<input type="checkbox"/> N	<input type="checkbox"/> A	
<b>V - Trigeminal</b>		<b>Right</b>	<b>Left</b>	<b>XII - Hypoglossal</b>		<b>Right</b>	<b>Left</b>	
Lateral jaw deviation	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A	Stick out tongue	<input type="checkbox"/> N	<input type="checkbox"/> A	
Masseter contraction	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A				
Face sensation	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A				
Corneal touch reflex	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A				

**Comments**

<b>Cerebellar</b>				<input type="checkbox"/> WNL (Within Normal Limits)			
	<b>Right</b>	<b>Left</b>		<b>Right</b>	<b>Left</b>		
Rapid finger movement	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A	Heel down shin	<input type="checkbox"/> N	<input type="checkbox"/> A
Rapid pro/supination	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A	Holme's rebound sign	<input type="checkbox"/> N	<input type="checkbox"/> A
Finger-to-nose/finger	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A	Gait/heel-toe walk	<input type="checkbox"/> N	<input type="checkbox"/> A

**Comments**

**Nerve Tension**

**WNL (Within Normal Limits)**

	<b>Right</b>		<b>Left</b>	
Straight Leg Raise	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A
Maximal SLR	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A
Bragard's	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A
Femoral nerve traction	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A

	<b>Right</b>		<b>Left</b>	
Median nerve traction	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A
Radial nerve traction	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A
Ulnar nerve traction	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A
Tinel's	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A

**Comments**

**Sensory**

**WNL (Within Normal Limits)**

	<b>Right</b>		<b>Left</b>	
Light touch	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A
Vibration	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A
Stereognosis	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A
Graphesthesia	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A
2-point discrim	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A

	<b>Right</b>		<b>Left</b>	
Position sense	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A
Proprioception	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A
Romberg	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A
Sharp/Dull	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A
Hot/Cold	<input type="checkbox"/> N	<input type="checkbox"/> A	<input type="checkbox"/> N	<input type="checkbox"/> A

**Comments**

**Differential Diagnosis**

**Additional Comments**

**Signature:**

**Date:**