

Neurological Exam Checklist

Patient Information

- Name: _____
- Age: _____
- Date of Birth: _____
- Gender: _____
- Contact Information: _____

Mental Status

- Alertness:

- Alert and oriented
- Drowsy or lethargic
- Obtunded or comatose

- Orientation:

- Oriented to time, place, and person
- Disoriented to time, place, or person

- Attention:

- Can maintain focus and follow instructions
- Easily distracted or unable to focus

- Memory:

- No apparent memory problems
- Difficulty with recent events or remote memories

- Language:

- Able to communicate effectively
- Difficulty with word-finding or comprehension

Cranial Nerves

| Cranial Nerve | Function | Assessment | Normal/Abnormal |
|--------------------------|-----------------------------------|---|--|
| I - Olfactory | Smell | Identify familiar odors | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| II - Optic | Vision | Visual acuity, color vision, visual fields | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| III - Oculomotor | Eye movements, pupil constriction | Extraocular movements, pupillary light reflex | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| IV - Trochlear | Superior oblique muscle | Superior oblique function | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| V - Trigeminal | Sensation of the face, chewing | Sensory function of the face, masseter and temporalis muscle strength | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| VI - Abducens | Lateral rectus muscle | Lateral rectus function | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| VII - Facial | Facial expression, taste | Facial symmetry, taste sensation | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| VIII - Vestibulocochlear | Hearing, balance | Auditory acuity, vestibular function | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |

| | | | |
|--------------------------|---------------------------------------|---|--|
| IX - Glossopharyngeal | Swallowing, taste | Swallowing function, taste sensation | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| X - Vagus | Heart rate, respiration, digestion | Gag reflex, palatal reflex | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| XI - Accessory | Shoulder movement | Trapezius and sternocleidomastoid muscle strength | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| XII - Hypoglossal | Tongue movement | Tongue strength and symmetry | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |

Motor Function

- Upper Extremity Strength:

- bilateral grip strength
- shoulder abduction
- elbow flexion and extension
- wrist flexion and extension

- Lower Extremity Strength:

- Assess bilateral hip flexion
- knee extension
- ankle dorsiflexion and plantarflexion

- Coordination:

- Assess finger-to-nose test
- heel-to-shin test
- rapid alternating movements

Sensory Function

| Sensory modality | Function | Assessment | Normal/Abnormal |
|------------------|-------------------------|---|--|
| Light Touch | Touch sensation | Light touch sensation in all extremities | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| Pain | Pain sensation | Pinprick sensation in all extremities | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| Temperature | Temperature sensation | Cold and warm objects in all extremities | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| Vibration | Vibration sensation | Tuning fork on distal phalanges of fingers and toes | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| Proprioception | Body position awareness | Joint position recognition test | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |

Reflexes

| Reflex | Response - Normal/Abnormal |
|-----------------|----------------------------|
| Biceps reflex | |
| Triceps reflex | |
| Patellar reflex | |
| Achilles reflex | |
| Plantar reflex | |

Gait and Station

| Gait | Comments |
|---------------------|----------|
| Walking Speed | |
| Stride Length | |
| Other Abnormalities | |
| Balance | |
| Eyes Open | |
| Eyes Closed | |

Additional Notes

Overall Assessment