

Neurological Exam Checklist

Patient information		
Name:		Age:
Date of birth:		Gender:
Contact details:		
Chief complaint:		
Are you experiencing any current neurological concerns such as headache, dizziness, weakness, numbness, tingling, tremors, loss of balance, or decreased coordination?		
Have you ever experienced a neurological condition such as a stroke, transient ischemic attack, seizure, or head injury? Please describe:		
Are you currently taking any medications, herbs, or supplements for a neurological condition? Please indicate:		
Have you experienced any difficulty swallowing or speaking?	Yes	No
Have you experienced any recent falls?	Yes	No

Mental status			
Alertness		<div><input type="checkbox"/> Alert and oriented</div> <div><input type="checkbox"/> Drowsy or lethargic</div> <div><input type="checkbox"/> Obtunded or comatose</div>	
Orientation		<div><input type="checkbox"/> Oriented to time, place, and person</div> <div><input type="checkbox"/> Disoriented to time, place, or person</div>	
Attention		<div><input type="checkbox"/> Can maintain focus and follow instructions</div> <div><input type="checkbox"/> Easily distracted or unable to focus</div>	
Memory		<div><input type="checkbox"/> No apparent memory problems</div> <div><input type="checkbox"/> Difficulty with recent events or remote memories</div>	
Language		<div><input type="checkbox"/> Able to communicate effectively</div> <div><input type="checkbox"/> Difficulty with word-finding or comprehension</div>	
Cranial nerves			
Cranial nerve	Function	Assessment	Normal/abnormal
I - Olfactory	Smell	Identify familiar odors	<div><input type="checkbox"/> Normal</div> <div><input type="checkbox"/> Abnormal</div>
II - Optic	Vision	Visual acuity, color vision, visual fields	<div><input type="checkbox"/> Normal</div> <div><input type="checkbox"/> Abnormal</div>
III - Oculomotor	Eye movements, pupil constriction	Extraocular movements, pupillary light reflex	<div><input type="checkbox"/> Normal</div> <div><input type="checkbox"/> Abnormal</div>
IV - Trochlear	Superior oblique muscle	Superior oblique function	<div><input type="checkbox"/> Normal</div> <div><input type="checkbox"/> Abnormal</div>

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	<input type="checkbox"/> Bilateral grip strength <input type="checkbox"/> Shoulder abduction <input type="checkbox"/> Elbow flexion and extension <input type="checkbox"/> Wrist flexion and extension
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Lower extremity strength		<input type="checkbox"/> Assess bilateral hip flexion <input type="checkbox"/> Knee extension <input type="checkbox"/> Ankle dorsiflexion and plantarflexion	
Coordination		<input type="checkbox"/> Assess finger-to-nose test <input type="checkbox"/> Heel-to-shin test <input type="checkbox"/> 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		<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	

Triceps reflex	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Patellar reflex	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Achilles reflex	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Plantar reflex	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal

Gait

- ☐ Normal gait
- ☐ Antalgic gait
- ☐ Paretic gait
- ☐ Spastic gait
- ☐ Ataxic gait
- ☐ Hypokinetic
- ☐ Dyskinetic

Additional notes

Overall assessment outcome