

Neurological Examination 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