

# 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	
<b>Balance</b>	
Eyes Open	
Eyes Closed	

## Additional Notes

## Overall Assessment