

Neurological Review Of Systems Template

Patient Identification

Full Name: _____

Age/DOB: _____

Gender:

Male

Female

Non-Binary

Other: _____

Contact Information: _____

Emergency Contact: _____

Doctor: _____

Occupational Information

Current Occupation: _____

Work Environment: _____

Lifestyle Factors

Smoking

Alcohol Use

Drug Use

Diet: _____

Exercise: _____

Sleep Patterns: _____

Family History

Neurological Disorders

Genetic Conditions

• Details: _____

Social History

Living Situation: _____

Support System: _____

Stress and Mental Health

Recent Stressors: _____

History of Mental Health Disorders

- Details: _____

Current Mental Status: _____

Medical History

Past Medical History

Previous Diagnoses: _____

Hospitalizations/Surgeries: _____

Chronic Conditions: _____

Medication and Allergies

Current Medications: _____

Allergies: _____

Neurological History

Previous Neurological Issues (e.g., seizures, strokes)

Past Head Injuries/Concussions

- Neurological Symptoms: _____

Other Conditions

Psychiatric Conditions

Endocrine Disorders

Cardiovascular Disease

Examination Components

Examination Component	Assessment Areas	Procedures and Details	Key Notes Section
Mental Status Testing	Cognitive functions, mood, thought processes	<ul style="list-style-type: none"> Engage in conversation to assess speech and language. Ask orientation questions (time, place, person). Conduct memory tests (immediate recall, short-term, long-term). Evaluate attention, calculation, and abstract thinking. 	
Cranial Nerves Examination	All 12 cranial nerves	<ul style="list-style-type: none"> CN I (olfactory): Test smell. CN II (optic): Visual acuity, visual fields. CN III, IV, VI (oculomotor, trochlear, abducens): Pupil reactions, eye movements. CN V (trigeminal): Facial sensation, jaw movements. CN VII (facial): Facial expressions, taste. CN VIII (vestibulocochlear): Hearing, balance. CN IX, X (glossopharyngeal, vagus): Gag reflex, voice quality. CN XI (accessory): Shoulder shrug. CN XII (hypoglossal): Tongue movements. 	
Muscle Strength, Tone, and Bulk	Muscle strength, muscle tone, muscle size	<ul style="list-style-type: none"> Test muscle power against resistance in major muscle groups. Assess muscle tone through passive movement of limbs. Inspect and palpate muscles for atrophy or hypertrophy. 	
Reflexes	Deep tendon reflexes, superficial reflexes	<ul style="list-style-type: none"> Test biceps, triceps, brachioradialis, knee, and ankle reflexes with a reflex hammer. Check for superficial reflexes like the abdominal reflex. 	

Coordination	Cerebellar function	<ul style="list-style-type: none"> • Perform finger-to-nose and heel-to-shin tests for coordination. • Assess rapid alternating movements (RAM) for dysdiadochokinesia. 	
Sensory Function	Pain, temperature, vibration, proprioception	<ul style="list-style-type: none"> • Test pain sensation using a pinprick. • Assess temperature sensation with hot and cold objects. • Use a tuning fork to evaluate vibration sense. • Check proprioception by moving fingers or toes up and down with the patient's eyes closed. 	
Gait Analysis	Walking style, balance, motor coordination	<ul style="list-style-type: none"> • Observe the patient walking, noting stride, arm swing, and posture. • Assess for balance by asking the patient to turn suddenly or walk heel-to-toe. • Look for abnormalities like limping, shuffling, or ataxia. 	

Special Considerations:

- **For At-Risk Patients:** Perform detailed sensory testing for those with conditions like diabetes, which may lead to peripheral neuropathy.
- **For Healthy Individuals:** A basic screening focusing on observation during the general physical exam may be sufficient.

Diagnostic Test Results

Imaging Studies

- CT Scan:
 - Done
 - Pending Results: _____
- MRI:
 - Done

Pending Results: _____

Laboratory Test Results

- Blood Tests:

Done

Pending Results: _____

- Urine Tests:

Done

Pending Results: _____

Electrophysiological Studies

- EEG:

Done

Pending Results: _____

- EMG:

Done

Pending Results: _____

Plan and Recommendations

- **Diagnostic Plans:**

- **Treatment Recommendations:**

- **Follow-up Schedule:**

Patient Education and Counseling

Condition Information Provided

- Details:

Lifestyle Counseling

- Details:
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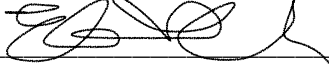
Medication Counseling

- Details:
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Physician's Notes and Recommendations

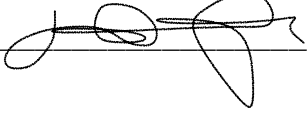
Follow-up

Follow-up Date: ____ / ____ / ____

Physician's Signature:  Date: ____ / ____ / ____

Patient Acknowledgment

I have reviewed the Neurological System Review Template and understand the information provided.

Patient's Signature:  Date: ____ / ____ / ____