

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

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

### 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:
- 

## Medication Counseling

- Details:
- 

## 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_