

Neurological Vital Signs

Patient Information	
Name:	
Date of Birth:	Medical Record #:
Vital Signs	
Pulse Rate: bpm	Blood Pressure: /mmHg
Respiratory Rate: breaths / min	Body Temperature: C/F
Motor Response	
Upper Extremities:	Lower Extremities:
Right:	Right:
Left:	Left:
Coordination:	
Cranial Nerves	
I. Olfactory (Smell):	
II. Optic (Vision):	
III. Oculomotor (Eye Movement):	
IV. Trochlear (Eye Movement):	
V. Trigeminal (Facial Sensation):	
VI. Abducens (Eye Movement):	
VII. Facial (Facial Movement):	
VIII. Vestibulocochlear (Hearing / Balance):	
IX. Glossopharyngeal (Swallowing):	
X. Vagus (Swallowing, Speech):	
XI. Accessory (Head Movement):	
XII. Hypoglossal (Tongue Movement):	

Pupillary Reaction	
Pupil Size:	Reaction to Light:
Right:	Right:
Left:	Left:
Brain Stem Function	
Reflexes:	Facial Movements:
Deep Tendon Reflexes:	Smile:
Babinski Reflex:	Frown:
Sensory Responses	
Touch Sensation:	Pain Sensation:
Right:	Right:
Left:	Left:
Level of Consciousness	
Alertness:	
Responsiveness:	
Orientation:	
Verbal Response	
Speech Clarity:	
Language Comprehension:	
Coherence:	
Additional Notes	
Next Steps	
<ul style="list-style-type: none"> • Interpret findings and assess the need for further examinations. • Consult with specialists if necessary. • Implement treatment plans based on assessment results. • Document findings in the patient's medical record for ongoing monitoring. 	