## **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	
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- 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.