

Pediatric Neuro Exam

Patient Information

Name:

Date of Birth:

Weight:

Height:

Doctor's Name:

General Examination

Appearance:

Nutritional Status:

Interaction:

Mental Status Examination

Orientation:

Behavioral Observations:

Attention and Concentration:

Cranial Nerve Examination

I - Olfactory Nerve:

II - Optic Nerve:

III, IV, VI - Oculomotor, Trochlear, Abducens Nerves:

V - Trigeminal Nerve:

VII - Facial Nerve:

Motor Examination

Muscle Strength:

Muscle Tone:

Reflexes:

Sensory Examination**Light Touch and Pain Sensation:****Position Sense:****Coordination and Balance****Finger-Nose-Finger Test:****Heel-to-Shin Test:****Observation of Gait:****Speech and Language****Speech Evaluation:****Receptive and Expressive Language Skills:****Developmental Assessment****Milestone Achievement:**

Fine and Gross Motor Skills:

Special Tests (if indicated)

Electroencephalogram (EEG):

Neuroimaging (MRI or CT):

Conclusion and Recommendations