

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