Cerebellar Examination Template

Name: _____ Age: _____

Gender: _____

Presenting Complaints:

Description of Symptoms:

Duration of Symptoms:

Progression of Symptoms:

Associated Symptoms:

Past Medical History:

Family History:

Review of other Systems:

Medications:

General Appearance:

Blood Pressure: _____ Heart Rate: _____

Respiratory Rate: _____ Temperature: _____

Body Mass Index: _____

Mental Status Examination:

Orientation: _____ Memory: _____

Speech: _____

Cranial Nerves Examination Observations:

Gait and Stance Observations:

Description of any abnormalities:

Tandem walking:

Romberg test:

Finger-Nose Test Observations:

Finger-Nose Test Abnormalities:

Heel-Shin Test Observations:

Heel-Shin Test Abnormalities:

Rapid Alternating Movements Test Observations:

Rapid Alternating Movements Test Abnormalities:

Muscle Tone Observations:

Muscle Tone Abnormalities:

Reflexes Observations:

Reflexes Abnormalities:

Preliminary Diagnosis:

Detailed Explanation of Diagnosis:

Additional Tests Required:

Detailed Explanation of Additional Tests:

Recommended Treatment:

Detailed Explanation of Treatment:

Follow-up Schedule:

Additional Notes: