

Cranial Nerve Examination

Patient Name: _____

DoB: _____ dd / mm / yyyy

Patient Identifier: _____

Date of Examination: _____ dd / mm / yyyy

Olfactory I - Notes

Optic II - Notes

Oculomotor, Trochlear, and Abducens III, IV and VI - Notes

Trigeminal V - Notes

Facial VII - Notes

Vestibulocochlear VIII - Notes

Glossopharyngeal and Vagus IX and X - Notes

Spinal Accessory XI - Notes

Hypoglossal XII - Notes

Summary of Findings and Further Assessments

Clinician Name:

Clinician Designation:

Clinician Signature: