Neuro Assessment Documentation

PATIENT INFORMATION

Name: _____ Age: _____

Gender:

◯ Male ◯ Female ◯ Other

Date of Assessment: _____ dd / mm / yyyy

Chief Complaint/Reason for Assessment:

1. MENTAL STATUS EXAMINATION

Appearance and behavior:

Level of consciousness:

Orientation to person, place, time:

Memory:

Attention and concentration:

Language and speech:

Executive function:

2. CRANIAL NERVE EXAMINATION

Cranial Nerve I (Olfactory):

Cranial Nerve II (Optic):

Cranial Nerve III (Oculomotor):

Cranial Nerve IV (Trochlear):

Cranial Nerve V (Trigeminal):

Cranial Nerve VI (Abducens):

Cranial Nerve VII (Facial):

Cranial Nerve VIII (Vestibulocochlear):

Cranial Nerve IX (Glossopharyngeal):

Cranial Nerve X (Vagus):

Cranial Nerve XI (Accessory):

Cranial Nerve XII (Hypoglossal):

3. MOTOR EXAMINATION

Muscle strength (0-5):

Muscle tone:

Coordination:

Gait:

4. SENSORY EXAMINATION:

Touch:

Pain:

Temperature:

Vibration:

Proprioception:

5. REFLEX EXAMINATION:

Biceps reflex:

Triceps reflex:

Brachioradialis reflex:

Patellar reflex:

Achilles reflex:

6. COORDINATION EXAMINATION:

Finger-to-nose test:

Heel-to-shin test:

Rapid alternating movements:

7. GAIT EXAMINATION:

Observations:

Balance:

Steadiness:

8. AUTONOMIC FUNCTION TESTING:

Heart rate variability:

Blood pressure response to positional changes:

Sweating tests:

9. NEUROPSYCHOLOGICAL TESTING:

Memory:

Language:

Attention:

Executive function:

INTERPRETATION:

Summary of Findings:

Differential Diagnosis:

Recommendations:

Follow-up Plan:

Healthcare Practitioner Signature:
Healthcare Practitioner Name: _____ Date: _____ dd / mm / yyyy