# Neuro Checks Nursing Assessment

## PATIENT INFORMATION

Patient name: _____ Date of birth: _____ dd / mm / yyyy

Gender: _____ Date of assessment: _____ dd / mm / yyyy

Room number: _____ Assessor: _____

## CHIEF COMPLAINT

Chief complaint

Are you experiencing any current neurological concerns such as headache, dizziness, weakness, numbness, tingling, tremors, loss of balance, or decreased coordination?

Have you ever experienced a neurological condition such as a stroke, transient ischemic attack, seizure, or head injury? Please describe.

Are you currently taking any medications, herbs, or supplements for a neurological condition? Please indicate.

Have you experienced any difficulty swallowing or speaking?

◯ Yes ◯ No

Have you experienced any recent falls?

◯ Yes ◯ No

## MENTAL STATUS

Select one

◯ Responsive ◯ Oriented to person, place, and time

Glasgow Coma Scale score: _____ NIH Stroke Scale score: _____

Does the person have a sudden loss of balance?

◯ Yes ◯ No

Has the person lost vision in one or both eyes?

◯ Yes ◯ No

Does the person's face look uneven?

◯ Yes ◯ No

Is one arm weak or numb?

◯ Yes ◯ No

Is the person's speech slurred? Are they having trouble speaking or seem confused?

◯ Yes ◯ No

Time to call for assistance immediately

◯ Yes ◯ No

**Remarks**

## CRANIAL NERVES (ASSESS THE FUNCTIONING OF THE PATIENT'S CRANIAL NERVES)

**Cranial nerve I – Olfactory**

**Cranial nerve II – Optic**

**Cranial nerve III, IV, and VI – Oculomotor, trochlear, abducens**

**Cranial nerve V – Trigeminal**

**Cranial nerve VII – Facial nerve**

**Cranial nerve VIII – Vestibulocochlear**

Cranial nerve IX – Glossopharyngeal

Cranial nerve X – Vagus

Cranial nerve XI – Spinal accessory

Cranial nerve XII – Hypoglossal

## MOTOR STRENGTH AND FUNCTION

Check all that apply

- [ ] Good balance
- [ ] Negative Romberg test
- [ ] Finger-to-nose, rapid alternating arm movements, and heel-to-shin performance intact
- [ ] Motor strength in upper and lower extremities equal bilaterally
- [ ] Deep tendon reflexes intact

Remarks

## SENSORY FUNCTION

Dermatome testing

Stereognosis

Graphesthesia

Remarks

## BEHAVIOR CHANGES

Select one

◯ None ◯ Agitation ◯ Confusion ◯ Other

Remarks

Critical findings to report immediately and/or obtain emergency assistance

Additional notes