

Neurological Assessment

Name: _____ Date: _____

Age: _____ Gender: _____

History

Review of history related to neurological system

YES/NO

If YES, provide details:

General Neurological

- | | | | |
|--------------------------|--------------------------|--------------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | Mental Illness | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Neurological disease | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Severe or persistent headaches | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Head injury | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Convulsions | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Tremor/weakness | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Recent injury | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Speech difficulty | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Numbness/tingling | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Neurological pain | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Dysphagia | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Gait problems | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Coordination problems | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Dizziness | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Spinal cord injury | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Memory difficulties | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Learning disorder | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Substance abuse | _____ |

Sleep pattern/difficulties: _____

Allergies (and responses): _____

Current medications: _____

Family history neurological system: _____

Review of history related to the current visit:

Focused symptom analysis of current problem:

Reason for visit: _____

Character: _____

Onset: _____

Duration: _____

Location: _____

Severity: _____

Associated problems: _____

Efforts to treat: _____

Physical Assessment
Mental Status

LOC (level of consciousness): _____

Orientation (person, time, place): _____

Dress and grooming: _____

Behavior (appropriateness): _____

Speech (intelligible, pace): _____

Mood/affect (facial expression, attitude): _____

Memory (recent, remote): _____

Cognitive (reading, writing, abstract reasoning, judgment): _____

Thought processes (content, logic): _____

Suicidal thoughts (spontaneous expression, response to examiner): _____

See also Mini Mental Status Exam.

Inspection

General characteristics (posture, body position, noted weaknesses): _____

Cranial Nerves

CRANIAL NERVE		ASSESSMENT	FINDINGS
I	Olfactory	<ul style="list-style-type: none"> • Smell • Odor recognition 	
II	Optic	<ul style="list-style-type: none"> • Visual acuity • Visual fields 	
III	Oculomotor	<ul style="list-style-type: none"> • Raise eyelids • Extraocular eye movements 	
IV	Trochlear	<ul style="list-style-type: none"> • Eye movement — inward and downward 	
V	Trigeminal	<ul style="list-style-type: none"> • Chewing • Clenching teeth • Sensations on forehead 	
VI	Abducens	<ul style="list-style-type: none"> • Lateral eye movements 	
VII	Facial	<ul style="list-style-type: none"> • Facial expressions • Taste — anterior two-thirds of tongue • Secretion tears and saliva 	
VIII	Acoustic	<ul style="list-style-type: none"> • Hearing • Equilibrium 	
IX	Glossopharyngeal	<ul style="list-style-type: none"> • Swallowing • Gag reflex • Taste — posterior third of tongue • Salivary gland secretion 	
X	Vagus	<ul style="list-style-type: none"> • Speech phonation • Swallowing • Sensation behind ear • Gag reflex 	
XI	Spinal Accessory	<ul style="list-style-type: none"> • Turn head • Shrug shoulders 	
XII	Hypoglossal	<ul style="list-style-type: none"> • Tongue movement 	

Motor Function

General characteristics (general response, client cooperation):

Place check in of technique used. Record appropriate findings.

MOTOR FUNCTION	TECHNIQUE USED	Findings: Tone, Strength
Gross Motor	<input type="checkbox"/> Ambulation	
	<input type="checkbox"/> Gait	
Proprioception and Cerebellar Function Balance	<input type="checkbox"/> Romberg	
Proprioception and Cerebellar Function Fine Motor — Upper Extremities	<input type="checkbox"/> Finger-to-finger touching	
	<input type="checkbox"/> Rapid alternating movements	
Proprioception and Cerebellar Function Fine Motor Lower Extremities	<input type="checkbox"/> Heel-to-shin movement	
	<input type="checkbox"/> Heel-toe walking	

Sensory Function

General characteristics (general response, client cooperation): _____

Place check in of technique used. Record appropriate findings.

SENSORY FUNCTION	TECHNIQUE USED	FINDINGS
Touch	<input type="checkbox"/> Superficial touch sensation	
	<input type="checkbox"/> Temperature sensation	
	<input type="checkbox"/> Sensation of position	
	<input type="checkbox"/> Pressure sensation	
	<input type="checkbox"/> Vibratory sensation over bony prominence	
	<input type="checkbox"/> Alternating sharp dull	
Cortical Sensory	<input type="checkbox"/> Correct identification of object (stereognosis)	
	<input type="checkbox"/> Two-point discrimination	
	<input type="checkbox"/> Correct identification of marking (graphesthesia)	

Deep Tendon Reflexes

General characteristics (body position, tendon response, client cooperation): _____

TENDON REFLEX	ASSESSMENT	REPORTED GRADE
Biceps Tendon	Biceps contraction and the forearm flexion at the elbow	Right
		Left
Triceps Tendon	Contraction of the triceps muscles with extension of the elbow	Right
		Left
Brachioradialis Tendon	The forearm pronation with flexion at the elbow	Right
		Left
Patellar Tendon	Contraction of the quadriceps muscle with knee extension	Right
		Left
Achilles Tendon	Plantar flexion of the foot	Right
		Left
Plantar Tendon (Babinski)	Flexion of toes inward and downward	Right
		Left
REFLEX GRADE	++++ Brisk, hyperactive, clonus of tendon +++ More brisk than expected ++ Normal + Slightly diminished response 0 No response	

Analysis:
