

Neurological Exam

Subject Name: _____

Date: _____

Blood Pressure: _____

_____ Not normal: describe _____

Pulse: _____

_____ Not normal: describe _____

Mental Status:

_____ Alert

_____ Not alert: describe _____

_____ Oriented to person, place, time, situation

_____ Not oriented: describe _____

_____ Attention normal

_____ Not attentive: describe _____

_____ Language normal

_____ Not normal: describe _____

_____ Fund of knowledge normal

_____ Not normal: describe _____

Cranial Nerves:

_____ Visual fields full

_____ Not normal: describe _____

_____ Extraocular movements normal

_____ Not normal: describe _____

_____ Facial sensation normal

_____ Not normal: describe _____

_____ Facial strength full

_____ Not normal: describe _____

_____ Hearing intact to finger rub

_____ Not normal: describe _____

_____ Shoulder shrug normal

_____ Not normal: describe _____

_____ Tongue midline

_____ Not normal: describe _____

Motor:

_____ Normal bulk and tone

_____ Not normal: describe _____

_____ No pronator drift, fine finger
movements/foot taps normal

_____ Not normal: describe _____

Sensory:

_____ Normal light touch four limbs

_____ Not normal: describe _____

DTRs:

_____ Symmetric UE/LE

_____ Not normal: describe _____

Coord:

_____ FTN/RAM normal

_____ Not normal: describe _____

Gait:

_____ Normal casual gait

_____ Not normal: describe _____

Notes: _____

Physician: _____