

# Neurologic Examination Form

Date: \_\_\_\_\_

Clinician: \_\_\_\_\_

## INITIAL OBSERVATIONS: (Circle all that apply)

1. Seizures	NO	Focal	Generalized	Unconscious	Conscious
2. Mentation	Normal	Dementia	Stupor	Coma	
3. Circling	NO	YES	Left	Right	
4. Pacing	NO	YES			
5. Head pressing	NO	YES			
6. Head turn	NO	YES	Left	Right	
7. Head tilt	NO	YES	Left	Right	
8. Head tremors	NO	YES			

## CRANIAL NERVES: (Circle all that apply)

Olfaction	(CN1)		NO	YES		
Vision	(CN2)	<i>Left:</i>	NO	YES	<i>Right:</i>	NO YES
Menace	(CN2, CN7)	<i>Left:</i>	NO	YES	<i>Right:</i>	NO YES
Direct pupil light reflex	(CN2–CN3)	<i>Left:</i>	NO	YES	<i>Right:</i>	NO YES
Indirect pupil light reflex	(CN2–CN3)	<i>Left:</i>	NO	YES	<i>Right:</i>	NO YES
Pupil size	(CN2–CN3, sympathetic)	<i>Left:</i>	Normal Miosis Mydriasis		<i>Right:</i>	Normal Miosis Mydriasis
Ptosis	(CN3, sympathetic)	<i>Left:</i>	NO	YES	<i>Right:</i>	NO YES
Enophthalmus	(sympathetic)	<i>Left:</i>	NO	YES	<i>Right:</i>	NO YES
True strabismus	(CN3, CN4, & CN6)	<i>Left:</i>	NO YES Ventrolateral Dorsolateral Medial		<i>Right:</i>	NO YES Ventrolateral Dorsolateral Medial
Positional strabismus	(CN8)	<i>Left:</i>	NO	YES	<i>Right:</i>	NO YES
Temporal/masseter muscle atrophy	(CN5, muscles)	<i>Left:</i>	NO	YES	<i>Right:</i>	NO YES
Jaw muscle tone	(CN5)		Normal	Increased	Reduced	Absent
Jaw range of motion			Normal	Increased	Reduced	Absent
Palpebral/aural/buccal reflexes	(CN5–CN7)	<i>Left:</i>	Normal Reduced Absent		<i>Right:</i>	Normal Reduced Absent
Physiologic nystagmus	(CN8)		NO YES	Both eyes	Left	Right
Spontaneous nystagmus	(CN8)		NO YES	Horizontal	Rotary	Vertical
Positional nystagmus	(CN8)		NO YES	Horizontal	Rotary	Vertical
Hearing	(CN8)		Normal	Reduced	Absent	
Swallow	(CN9–CN10)		Normal	Reduced	Absent	
Laryngeal movement	(CN9–CN10)		Normal	Reduced	Absent	
Regurgitation	(CN10)		NO	YES		
Trapezius muscle atrophy	(CN11)		NO YES	Left	Right	
Tongue muscle atrophy	(CN12)		NO YES	Left	Right	

Complete other side

**EVALUATION OF GAIT:** (Circle all that apply)

<b>1. Normal</b>	<b>4. Quadriparesis</b> Mild      Moderate      Severe R worse   L worse      Same	<b>7. Paraparesis</b> Mild      Moderate      Severe R worse   L worse      Same
<b>2. Hemiparesis or Hemiplegia</b> Left      Right	<b>5. Quadriplegia</b> + Deep pain      - Deep pain	<b>8. Paraplegia</b> + Deep pain      - Deep pain
<b>3. Ataxia of all 4 limbs</b>	<b>6. Ataxia of pelvic limbs</b> R worse      L worse      Same	<b>9. Monoparesis or Monoplegia</b> Thoracic limb or pelvic limb; Left or Right

**POSTURAL REACTIONS:** (Circle one: N = normal; R = reduced; A = absent )

Thoracic Limbs				Pelvic Limbs			
<b>Wheelbarrow</b>	N	R	A	N	R	A	
<b>Hopping</b>	<i>Left:</i> N	R	A	<i>Left:</i> N	R	A	
	<i>Right:</i> N	R	A	<i>Right:</i> N	R	A	
<b>Conscious proprioception</b>	<i>Left:</i> N	R	A	<i>Left:</i> N	R	A	
	<i>Right:</i> N	R	A	<i>Right:</i> N	R	A	

**SPINAL REFLEXES:** (Circle one: N = normal; I = increased; R = reduced; A = absent; UMN = upper motor neuron)

Thoracic Limbs					Pelvic Limbs				
<b>Biceps (C6–C8)</b>	<i>Left:</i> N	I	R	A	<b>Patellar (L4–L5)</b>	<i>Left:</i> N	I	R	A
	<i>Right:</i> N	I	R	A		<i>Right:</i> N	I	R	A
<b>Triceps (C7–T2)</b>	<i>Left:</i> N	I	R	A	<b>Gastrocnemius (L6–S2)</b>	<i>Left:</i> N	I	R	A
	<i>Right:</i> N	I	R	A		<i>Right:</i> N	I	R	A
<b>Extensor carpi (C7–T2)</b>	<i>Left:</i> N	I	R	A	<b>Cranial tibial (L6–S2)</b>	<i>Left:</i> N	I	R	A
	<i>Right:</i> N	I	R	A		<i>Right:</i> N	I	R	A
<b>Flexor tendon (C6–T2)</b>	<i>Left:</i> N	I	R	A	<b>Sciatic (L6–S2)</b>	<i>Left:</i> N	I	R	A
	<i>Right:</i> N	I	R	A		<i>Right:</i> N	I	R	A
<b>Withdrawal (C6–T2)</b>	<i>Left:</i> N	I	R	A	<b>Withdrawal (L6–S2)</b>	<i>Left:</i> N	I	R	A
	<i>Right:</i> N	I	R	A		<i>Right:</i> N	I	R	A
<b>Crossed extensor (UMN)</b>	<i>Left:</i> NO	YES			<b>Crossed extensor (UMN)</b>	<i>Left:</i> NO	YES		
	<i>Right:</i> NO	YES				<i>Right:</i> NO	YES		
<b>Anal reflex (S1–S3)</b>	N		R	A	<b>Detrusor reflex* (S1–S3)</b>	N	I	R	A
						* Bulboanal or vulvoanal reflex			

**OTHER EXAMINATIONS:** (Circle all that apply)

Thoracic Limbs				Pelvic Limbs			
<b>Babinski's sign</b>	<i>Left:</i> NO	YES		<i>Left:</i> NO	YES		
	<i>Right:</i> NO	YES		<i>Right:</i> NO	YES		
<b>Muscle atrophy</b>	<i>Left:</i> NO	YES		<i>Left:</i> NO	YES	Where?	
	<i>Right:</i> NO	YES		<i>Right:</i> NO	YES		
<b>Neck Pain</b>	NO	YES	If YES where?				
<b>Back Pain</b>	NO	YES	If YES where?				
<b>Panniculus</b>	NO	YES	Where stops?				Side?

**LESION LOCALIZATION:**

Differential diagnosis:	Plan or consultation comments:
1.	
2.	
3.	
4.	
5.	