Neurological Assessment

Name: _____ **Date:** _____

Age: _____ **Gender:** _____

History

Review of history related to neurological system

YES/NO			If YES, provide details:
		General Neurological	
☐	☐	Mental Illness	_____
☐	☐	Neurological disease	_____
☐	☐	Severe or persistent headaches	_____
☐	☐	Head injury	_____
☐	☐	Convulsions	_____
☐	☐	Tremor/weakness	_____
☐	☐	Recent injury	_____
☐	☐	Speech difficulty	_____
☐	☐	Numbness/tingling	_____
☐	☐	Neurological pain	_____
☐	☐	Dysphagia	_____
☐	☐	Gait problems	_____
☐	☐	Coordination problems	_____
☐	☐	Dizziness	_____
☐	☐	Spinal cord injury	_____-
☐	☐	Memory difficulties	_____
☐	☐	Learning disorder	_____
☐	☐	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**	• Smell • Odor recognition	
II	**Optic**	• Visual acuity • Visual fields	
III	**Oculomotor**	• Raise eyelids • Extraocular eye movements	
IV	**Trochlear**	• Eye movement — inward and downward	
V	**Trigeminal**	• Chewing • Clenching teeth • Sensations on forehead	
VI	**Abducens**	• Lateral eye movements	
VII	**Facial**	• Facial expressions • Taste — anterior two-thirds of tongue • Secretion tears and saliva	
VIII	**Acoustic**	• Hearing • Equilibrium	
IX	**Glossopharyngeal**	• Swallowing • Gag reflex • Taste — posterior third of tongue • Salivary gland secretion	
X	**Vagus**	• Speech phonation • Swallowing • Sensation behind ear • Gag reflex	
XI	**Spinal Accessory**	• Turn head • Shrug shoulders	
XII	**Hypoglossal**	• 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	☐ Ambulation	
	☐ Gait	
Proprioception and Cerebellar Function **Balance**	☐ Romberg	
Proprioception and Cerebellar Function **Fine Motor — Upper Extremities**	☐ Finger-to-finger touching	
	☐ Rapid alternating movements	
Proprioception and Cerebellar Function **Fine Motor Lower Extremities**	☐ Heel-to-shin movement	
	☐ 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	☐ Superficial touch sensation	
	☐ Temperature sensation	
	☐ Sensation of position	
	☐ Pressure sensation	
	☐ Vibratory sensation over bony prominence	
	☐ Alternating sharp dull	
Cortical Sensory	☐ Correct identification of object (stereognosis)	
	☐ Two-point discrimination	
	☐ 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:

_____

_____

_____

_____