

# Cerebellar Examination

Patient Details	
Name:	Age:
Gender:      Male      Female      Other:	
History and Symptom Review	
Presenting Complaints:	
Description of Symptoms:	
Duration of Symptoms:	
Progression of Symptoms:	
Associated Symptoms:	
Past Medical History:	
Family History:	
Review of Other Systems:	
Medications:	

# Physical Examination

<b>General Examination</b>	
<b>General Appearance</b>	
<b>Vital Signs</b>	
Blood Pressure:	Heart Rate:
Respiratory Rate:	Temperature:
Body Mass Index:	
<b>Neurological Examination</b>	
<b>Mental Status Examination</b>	
<b>Vital Signs</b>	
Orientation:	
Memory:	
Speech:	
<b>Cranial Nerves Examination</b>	
Observations:	

# Cerebellar Examination

## A. Gait and Stance

Observations:

Description of Any Abnormalities:

Tandem Walking:

Romberg Test:

## B. Coordination

### 1. Finger-Nose Test

Observations:

Description of Any Abnormalities:

## 2. Heel-Shin Test

Observations:

Description of Any Abnormalities:

## 3. Rapid Alternating Movements Test

Observations:

Description of Any Abnormalities:

## C. Muscle Tone

Observations:

Description of Any Abnormalities:

## D. Reflexes

Observations:

Description of Any Abnormalities:

## Diagnosis & Recommendations

Preliminary Diagnosis:

Detailed Explanation of Diagnosis:

Additional Tests Required:

Detailed Explanation of Additional Tests:

Recommended Treatment:

Detailed Explanation of Treatment:

Follow-up Schedule:

Additional Notes: