

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

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