

Neuro Assessment Documentation

Patient Information:

Name:

Age:

Gender:

Date of Assessment:

Medical History:

Chief Complaint/Reason for Assessment:

1. Mental Status Examination:

- Appearance and behavior:
- Level of consciousness:
- Orientation to person, place, time:
- Memory:
- Attention and concentration:
- Language and speech:
- Executive function:

2. Cranial Nerve Examination:

- Cranial Nerve I (Olfactory):
- Cranial Nerve II (Optic):
- Cranial Nerve III (Oculomotor):
- Cranial Nerve IV (Trochlear):
- Cranial Nerve V (Trigeminal):
- Cranial Nerve VI (Abducens):
- Cranial Nerve VII (Facial):
- Cranial Nerve VIII (Vestibulocochlear):
- Cranial Nerve IX (Glossopharyngeal):
- Cranial Nerve X (Vagus):
- Cranial Nerve XI (Accessory):
- Cranial Nerve XII (Hypoglossal):

3. Motor Examination:

- Muscle strength (0-5):
- Muscle tone:
- Coordination:
- Gait:

4. Sensory Examination:

- Touch:
- Pain:
- Temperature:
- Vibration:
- Proprioception:

5. Reflex Examination:

- Biceps reflex:
- Triceps reflex:
- Brachioradialis reflex:
- Patellar reflex:
- Achilles reflex:

6. Coordination Examination:

- Finger-to-nose test:
- Heel-to-shin test:
- Rapid alternating movements:

7. Gait Examination:

- Observations:
- Balance:
- Steadiness:

8. Autonomic Function Testing:

- Heart rate variability:
- Blood pressure response to positional changes:
- Sweating tests:

9. Neuropsychological Testing:

- Memory:
- Language:
- Attention:
- Executive function:

Interpretation:

- Summary of findings:
- Differential diagnosis:
- Recommendations:
- Follow-up plan:

Healthcare Practitioner Name & Signature:

Date: