

# 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:**