

# Neuro Exam Checklist

Patient Information	
Name:	
Age:	
Date of Birth:	
Gender:	
Contact Information:	

Mental Status	
Alertness:	
Orientation:	
Attention:	
Memory:	
Language:	

Cranial Nerves	Status
I - Olfactory (smell)	<input type="checkbox"/> Intact
II - Optic (vision)	<input type="checkbox"/> Intact
III - Oculomotor	<input type="checkbox"/> Intact
IV - Trochlear	<input type="checkbox"/> Intact
V - Trigeminal	<input type="checkbox"/> Intact

VI - Abducens	<input type="checkbox"/> Intact
VII - Facial	<input type="checkbox"/> Intact
VIII - Vestibulocochlear	<input type="checkbox"/> Intact
IX - Glossopharyngeal	<input type="checkbox"/> Intact
X - Vagus	<input type="checkbox"/> Intact
XI - Accessory	<input type="checkbox"/> Intact
XII - Hypoglossal	<input type="checkbox"/> Intact

<b>Motor Function</b>	
<b>Upper Extremity Strength:</b>	
<b>Lower Extremity Strength:</b>	
<b>Coordination:</b>	

<b>Sensory Function</b>	<b>Status</b>
Light Touch	<input type="checkbox"/> Normal
Pain	<input type="checkbox"/> Normal
Temperature	<input type="checkbox"/> Normal

Vibration	<input type="checkbox"/> Normal
Proprioception	<input type="checkbox"/> Normal

Reflexes Type	Location	Status
Deep Tendon Reflexes	Biceps	<input type="checkbox"/> Normal
Deep Tendon Reflexes	Triceps	<input type="checkbox"/> Normal
Deep Tendon Reflexes	Patellar	<input type="checkbox"/> Normal
Deep Tendon Reflexes	Achilles	<input type="checkbox"/> Normal
Plantar Reflex	Plantar Reflex	<input type="checkbox"/> Normal

Gait and Station	
Gait:	
Balance:	