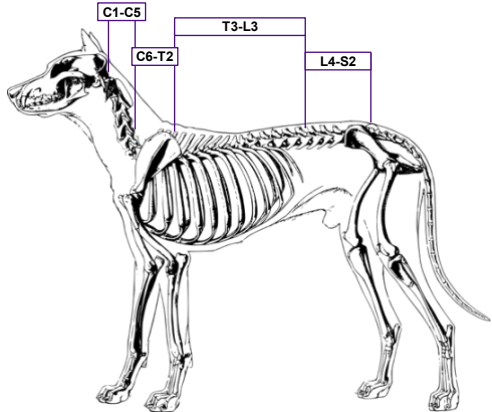


NEUROLOGICAL EXAMINATION FORM

DEMOGRAPHICS			
DATE:	PATIENT:	DOCTOR:	
PRESENTING COMPLAINT:			
VISUAL OBSERVATIONS (check all that apply)	POSTURAL REACTIONS (0-absent, 1-decreased, 2-normal)	SENSATION	
MENTAL STATUS <input type="radio"/> Normal <input type="radio"/> Sedate <input type="radio"/> Obtunded <input type="radio"/> Stuporous <input type="radio"/> Comatose	Proprioception <input type="text"/> LF <input type="text"/> RF <input type="text"/> LH <input type="text"/> RH	Superficial Pain:	
BEHAVIOR <input type="radio"/> Normal <input type="radio"/> Aggressive <input type="radio"/> Excited <input type="radio"/> Anxious <input type="radio"/> Apathetic <input type="radio"/> Circling: L or R	Hopping <input type="text"/> LF <input type="text"/> RF <input type="text"/> LH <input type="text"/> RH	Deep Pain:	
POSTURE <input type="radio"/> Normal <input type="radio"/> Head Tilt: L or R <input type="radio"/> Schiff-Sherrington <input type="radio"/> Decerebate <input type="radio"/> Decerebellate <input type="radio"/> Torticollis <input type="radio"/> Kyphosis <input type="radio"/> Wide-based	Wheelbarrow <input type="text"/> LF <input type="text"/> RF <input type="text"/> LH <input type="text"/> RH	NEUROANATOMIC LOCALIZATION	
GAIT <input type="radio"/> Normal <input type="radio"/> Lameness <input type="radio"/> Hemiparesis <input type="radio"/> Monoparesis <input type="radio"/> Paraparesis <input type="radio"/> Paraplegia <input type="radio"/> Tetraparesis <input type="radio"/> Tetraplegia Ataxia: <input type="radio"/> General Proprioceptive <input type="radio"/> Vestibular <input type="radio"/> Cerebellar	Hemiwalking <input type="text"/> LF <input type="text"/> RF <input type="text"/> LH <input type="text"/> RH		
PHYSICAL EXAMINATION NOTES	Visual placing <input type="text"/> LF <input type="text"/> RF <input type="text"/> LH <input type="text"/> RH	Neuroanatomic Localization Notes:	
	Stairs <input type="text"/> LF <input type="text"/> RF <input type="text"/> LH <input type="text"/> RH		
	Extensor postural thrust <input type="text"/> LH <input type="text"/> RH		
SPINAL REFLEXES (0-absent, 1-decreased, 2-normal, 3-increased, 4-clonic)			
Flexor (front)		<input type="text"/> L	<input type="text"/> R
Biceps		<input type="text"/> L	<input type="text"/> R
Triceps		<input type="text"/> L	<input type="text"/> R
Patellar		<input type="text"/> L	<input type="text"/> R
Flexor (rear)		<input type="text"/> L	<input type="text"/> R
Gastrocnemius		<input type="text"/> L	<input type="text"/> R
Cranial tibial		<input type="text"/> L	<input type="text"/> R
Crossed extensor		<input type="text"/> L	<input type="text"/> R
Cutaneous trunci		<input type="text"/> L	<input type="text"/> R
LUMBOSACRAL REFLEXES (L6-S3) (0-absent, 1-decreased, 2-normal, 3-increased, 4-clonic)			
Anal tone/Perineal sensation		<input type="text"/>	<input type="text"/>
Tail tone		<input type="text"/>	<input type="text"/>
CRANIAL NERVES (0-absent, 1-decreased, 2-normal)			
Olfactory (I)	<input type="text"/> L <input type="text"/> R		
Menace Response	<input type="text"/> L <input type="text"/> R		
Optic (II)	<input type="text"/> L <input type="text"/> R		
PLR (III) - direct	<input type="text"/> L <input type="text"/> R		
PLR (III) - consensual	<input type="text"/> L <input type="text"/> R		
Palpebral (V, VII)	<input type="text"/> L <input type="text"/> R		
Facial symmetry (VII)	<input type="text"/> L <input type="text"/> R		
Jaw tone/Temporalis m (V)	<input type="text"/> L <input type="text"/> R		
Oculocephalic (III, IV, VI, VII)	<input type="text"/> L <input type="text"/> R		
Strabismus (VII) + / -	<input type="text"/> L <input type="text"/> R		
Nystagmus (VII) + / -	<input type="text"/> L <input type="text"/> R		
Gag (IX, X)	<input type="text"/> L <input type="text"/> R		
Spinal Accessory (XI)	<input type="text"/> L <input type="text"/> R		
Tongue (XII)	<input type="text"/> L <input type="text"/> R		
PALPATION			
Cervical Spine:			
Thoracic Spine:			
Lumbar Spine:			
Sacral Spine:			
Musculature:			
Hyperesthesia:			
DIFFERENTIAL DIAGNOSIS			
<input type="radio"/> Vascular			
<input type="radio"/> Inflammatory, infectious, immune-mediated			
<input type="radio"/> Traumatic/Toxic			
<input type="radio"/> Anomalous/Congenital			
<input type="radio"/> Metabolic			
<input type="radio"/> Idiopathic/iatrogenic			
<input type="radio"/> Neoplastic/Nutritional			
<input type="radio"/> Degenerative			
PLAN			
<input type="radio"/> CBC/Chem			
<input type="radio"/> Radiographs: <input type="text"/> Spine <input type="text"/> ABD <input type="text"/> THX			
<input type="radio"/> CT: <input type="text"/> Brain <input type="text"/> Spine			
<input type="radio"/> MRI: <input type="text"/> Brain <input type="text"/> Spine			
<input type="radio"/> CSF Analysis: <input type="text"/> AO <input type="text"/> LS			
<input type="radio"/> EMG			
<input type="radio"/> Other:			
<input type="radio"/> Other:			
<input type="radio"/> Other:			
<input type="radio"/> Other:			