MEDICAL RECORD — NEUROLOGICAL EXAMINATION

GENERAL - 1. APPEARANCE

2. HEAD

3. SPINE

4. EXTREMITIES TRUNK

MOTOR SYSTEM - 5. HANDEDNESS

6. GAIT

7. ASSOCIATED MOVEMENTS

8. MUSCLE STATUS *(strength, tone, volume, tenderness, fibrillations)*

9. ABNORMAL MOVEMENTS *(tremors, tics, choreas, etc.)*

10. COORDINATION (a) EQUILIBRATORY - EYES OPEN

EYES CLOSED - ROMBERG

RIGHT FOOT LEFT FOOT

(b) NONEQUILIBRATORY *(F to N; F to F; H to K)*

(c) SUCCESSION MOVEMENTS *(including check, rebound, posture-holding)*

11. SKILLED ACTS *(a)* PRAXIS

(b) HANDWRITING

(c) SPEECH *(articulation, aphasia, agnosia)*

12. REFLEXES *(0 - absent; 1 - sluggish; 2 - active; 3 - very active; 4 - transient clonus; 5 - sustained clonus)*

DEEP	R	L	DEEP	R	L	SUPERFICIAL	R	L	ABNORMAL	R	L
JAW			ULNAR			CILIOSPINAL			BABINSKI		
PECTORAL			SUPRAPATELLAR			U. LAT. ABDOM.			CHADDOCK		
BICEPS			PATELLAR			L. LAT. ABDOM.			OPPENHEIM		
TRICEPS			HAMSTRINGS			CREMASTERIC			GORDON		
RADIAL			ACHILLES			PLANTAR FLEXION			HOFFMAN		

REMARKS

MENINGEAL IRRITATION

NERVE STATUS *(tenderness, tumors, etc.)*

SENSORY SYSTEM *(tactile, pain, temperature, vibration, position, stereognosis, etc. If positive sensory signs are present, summarize below and indict details on Anatomical figure, Standard Form 531.)*

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name-last, first, middle; grade; date; hospital or medical facility)*

REGISTER NO.

WARD NO.

CRANIAL NERVES	
I. R	V. MOTOR R
L	L
II. ACUITY R L	SENSORY R
FUNDUS R	L
	CORNEAL REFLEX R L
FUNDUS L	NOSTRIL SENSITIVITY R L
	VII. MOTOR R
FIELDS	L
	PALPEBRAL FISSURES R
III, IV, VI.	L
PUPILS-SIZE *(mm)* R L	TASTE *(ant. 2/3)* R L
SHAPE, POSITION R L	TROPHIC STATUS
LIGHT REACTION R L	VIII. MOISES R L
ACCOM. REACTION R L	ACUITY R L
POSITION OF EYEBALLS	RINNE R BONE < = > AIR: L BONE < = > AIR:
	WEBER BONE REFERRED R OR L OR EQUAL
	VESTIBULAR
MOVEMENTS R L	
	IX, X. PALATE AND UVULA
	POSITION
	MOVEMENT
NYSTAGMUS	SENSATION
	PALATAL REFLEX R L
	PHARYNX-SENSATION R L
	SWALLOWING
PTOSIS R L	PHONATION
HORNER	TASTE *(post, 1/3)* R L
XI.	XII. TONGUE-PROTRUDED-CENTRAL R L
	ATROPHY R
	L

MENTAL STATUS *(alert, clear, cooperative, etc.)*

SUMMARY OF POSITIVE FINDINGS

SUBJECTIVE	OBJECTIVE

DIAGNOSTIC IMPRESSION

DATE	SIGNATURE