

# NEUROLOGIC EXAMINATION FORM

**HISTORY:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Patient Label

**Mental Status/Mentation:** Alert/Appropriate Dull Stuporous Comatose Disoriented Demented

**Gait/Posture:**

Head Tilt (L/R) Pacing Ataxia: All FL HL Paraparetic Tetraplegic  
 Head Turn (L/R) Lamé (L/R thoracic limb, Ataxia Type: Proprioceptive/ Paraplegic Monoparetic (L/R thoracic limb,  
 Circling (L/R) L/R pelvic limb) Vestibular/Cerebellar Tetraparetic L/R pelvic limb)

Cranial Nerves		Left	Right	Cranial Nerves		Left	Right
II/VII	Menace:			V	Motor (Man):		
III	Pupil Size:				Sensory (Ophth):		
	Pupil Symmetry:				Sensory (Max):		
	Pupil Shape:				Sensory (Man):		
II/III	PLR Direct:			V/VII	Blink:		
	PLR Consensual:				VIII	Physiological Nystagmus:	
III/IV/VI	Strabismus:					Resting Nystagmus:	
	V/VI	Globe Retraction:				Positional Nystagmus:	
					IX/X	Gag:	
					XII	Tongue:	

Postural Reactions	LFL	RFL	LHL	RHL	Spinal Reflexes	LFL	RFL	LHL	RHL
Conscious Proprioception:					Patellar:				
Hopping:					Cran. Tibial*:				
Wheelbarrow:					Gastroc*:				
Ext. Post. Thrust:					Triceps*:				
Hemistand/Walk:					Ext. Carpi*:				
Placing – Tactile:					Biceps*:				
Placing – Visual:					Withdrawal:				
					Crossed Ext:				
					Anal Tone:				

**Sensation:**

Pain sensation present?  
 Thoracic limb (+/-) Pelvic limb (+/-) Tail (+/-)

Spinal pain:  
 Cervical Thoracic Thoracolumbar Lumbar Lumbosacral

**Muscle Tone:** Normal  
 Increased: Thoracic Limb Pelvic Limb  
 Decreased: Thoracic Limb Pelvic Limb

**Cutaneous Trunci:** Normal  
**C7 T** 1 2 3 4 5 6 7 8 9 10 11 12 13 **L1** 2 3 4 5

**Muscle Atrophy:** None Limb(s): \_\_\_\_\_

**Fundic Examination:**

Key: 4 = Exaggerated with clonus; 3 = Exaggerated/increased; 2 = Normal; 1 = Diminished/decreased; 0 = Absent; \*Absence of these reflexes may be normal.

**Misc. Physical Examination:**

**Neurolocalization:**  
 Normal C1-5 Forebrain (L/R) C6-T2  
 Brainstem (L/R) T3-L3 Cerebellum (L/R) L4-S3  
 Multifocal Neuromuscular Periph Nerve \_\_\_\_\_

**Assessment:**

**Plan:**  
 Doctor: \_\_\_\_\_ Date: \_\_\_\_\_