

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 c heck, 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			DEEP			SUPERFICIAL			ABNORMAL		
	R	L		R	L		R	L		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			HOFFMANN			

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 indicate details on Anatomical Figure, Std. 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.

**NEUROLOGICAL EXAMINATION
Medical Record**

