Neuro Exam Checklist

Patient information		
Name:		
Age:		
Date of birth:		
Gender:		
Contact information:		
Mental status		
Alertness:		
Orientation:		
Attention:		
Memory:		
Language:		
Cranial nerves		
Number/Name	**Status**	**Remarks**
I - Olfactory (smell)	◯ Intact ◯ Abnormality detected	
II - Optic (vision)	◯ Intact ◯ Abnormality detected	
III - Oculomotor	◯ Intact ◯ Abnormality detected	
IV - Trochlear	◯ Intact ◯ Abnormality detected	
V - Trigeminal	◯ Intact ◯ Abnormality detected	
VI - Abducens	◯ Intact ◯ Abnormality detected	
VII - Facial	◯ Intact ◯ Abnormality detected	
VIII - Vestibulocochlear	◯ Intact ◯ Abnormality detected	

Number/Name	Status	Remarks
IX - Glossopharyngeal	◯ Intact ◯ Abnormality detected	
X - Vagus	◯ Intact ◯ Abnormality detected	
XI - Accessory	◯ Intact ◯ Abnormality detected	
XII - Hypoglossal	◯ Intact ◯ Abnormality detected	

Motor function
Upper extremity strength:
Lower extremity strength:
Coordination:

Sensory functions			
Sensory function		**Status**	**Remarks**
Light touch		◯ Normal ◯ Abnormal	
Pain		◯ Normal ◯ Abnormal	
Temperature		◯ Normal ◯ Abnormal	
Vibration		◯ Normal ◯ Abnormal	
Proprioception		◯ Normal ◯ Abnormal	
Sensory function	**Location**	**Status**	**Remarks**
Deep tendon reflexes	Biceps	◯ Normal ◯ Abnormal	
	Triceps	◯ Normal ◯ Abnormal	
	Patellar	◯ Normal ◯ Abnormal	

Sensory function	Location	Status	Remarks
Deep tendon reflexes	Achilles	◯ Normal ◯ Abnormal	
Plantar reflex	Plantar reflex	◯ Normal ◯ Abnormal	
Gait station			
Gait:			
Balance:			
Additional notes			