4th v	/ear	Neuro	logy F	History	and	Physica	l Exan	nination	Form
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year neurology history and Physical Examination Form Name , iD # :	ear Neurology History and Physical Examination Form	Name , ID # :	
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Name:	Gender:	Age:	Right handed	vs Left handed
D.o.Ad (ED , OPD) : / / 20	Male , Female	Relationship st	tatus:	
Chief complaint: ———————				
			,	
History of presenting illness (check syr				
	Light headedness		ered LOC	Hallucination
	■Cognitive change:		red speech	■Language disturbance
	■Poor swallowing		w movement	Lack of coordination
	□ Generalized weak		olem walking	■Poor balance
■Bladder / Bowel problems	Sexual dysfunction	n Con	vulsions	□ Other pain
■Numbness	■Tingling			

■Medically free	
■Hypertension	■Diabetes mellitus: IDDM or NIDDM
■ Dyslipidemia	■Stroke / TIA ■Cancer
■Mental illness	☐Thyroid disease: Hypo or Hyper
— □Carotid stenosis	■Prosthetic heart valve ■DVT / PE
 ■A-fib / A-flutter	■ Head trauma + LOC ■ Meningitis/ encephalitis
Seizure disorder (spe	cify):
Past surgical history	
Drugs and allergies	
	vvv Specify relatives with the following illnesses vvv
	• Stroke / MI :
	Stroke / MI : Diabetes:
Family history	• Stroke / MI : — — — — — — — — — — — — — — — — — —
Family history	Stroke / MI : Diabetes: HTN: Hyperlipidemia / hypecholestorelemia :
Family history	Stroke / MI : Diabetes: HTN: Hyperlipidemia / hypecholestorelemia : Thyroid:
Family history	Stroke / MI : Diabetes: HTN: Hyperlipidemia / hypecholestorelemia :
Family history	Stroke / MI : Diabetes: HTN: Hyperlipidemia / hypecholestorelemia : Thyroid: Seizures: Cancer :
Family history	Stroke / MI : Diabetes: HTN: Hyperlipidemia / hypecholestorelemia : Thyroid: Seizures:

Review of systems	
System	Positives and pertinent negatives
Constitutional	
Vision	
ENT	
CVS	
Respiratory	
Gastrointestinal	
Genitourinary	
Musculoskeletal	
Skin	
Neurological	Check HOPI

Physical examination

Hemato / Lymph

Immuno / Allergic

Psychiatric

Endocrine

Vital signs	Temp:	BP:	RR:	Pulses:	Pain score:	/10
General exam						
Head, neck and ENT						
CVS (carotids						
and others)						
Chest						
Abdomen						
Spine and back						
Extremities and						
PVC						
Skin			-	-		
Fundoscopy						

Neurological examination

Mental status evaluation:
■Appearance:
■Behavior / Attitude:
□Orientation:
Consciousnesses:
Speech: choose what applies in each category
☐Fluency: ○normal ○paraphasic ○stuttering ○decreased output
■Articulation: •normal •dysarthria (specify)
□Comprehension: ○normal ○some difficulty ○unable to follow
Reception: onormal oimpaired
■Naming: •normal •impaired

Cranial nerves:

Optic	Oc, Troch , Abduc	Trigeminal	Facial
Pupillary reflex :	H field eye movements	Sensory	Orbicularis oculi :
Rt: Lt:	Rt: Lt:	3 areas	Forehead:
		Mastication	Orbicularis oris :
VestibuloCh	GlossoPh , Vagus	Accessoy	Hypoglos
Weber:	Speech:	Shoulder shrug:	Tongue muscles:
Rinne:	Palate:	Neck turning:	
	Ant 2/3 of tongue sensation	Neck flexion:	

Motor examination:

	Upper limb	Lower limb
Fasciculation		
Muscle tone		
Muscle bulk		
	Pronator drift :	Leg drift:

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Neck flexed to : ☐right ☐left ☐downwa	ırd		Lower limbs	Right	Left
Neck extended			Hip flexion		
Upper limbs	Right	Left	Hip extension		
Shoulder abduction			Hip abduction		
Elbow flexion			Hip adduction		
Elbow extension			Knee flexion		
Wrist flexion			Knee extension		
Finger flexion			Dorsiflexion		
Finger extension			Planter flexion		
Finger abduction			Inversion		
Finger adduction			Eversion		
Thumb abduction			Toe flexion		•
Thumb adduction			Toe extension		

Involuntary movements:					
Gait :					

Coordination:

	Right	Left
Finger nose		
Rapid alternating (dysdiadochokinesia)		
Heel to shin		
Thumb each finger tap		
Foot tap		

Sensory examination:

Sensory exam	Abnormality (check box if normal)		Reflexes	Right	Left		
Normal , low , none	RUL	LUL	RLL	LLL	Corneal		
Light touch					Gag		
Pin prick					Jaw		
Temperature					Hoffman		
Vibration			•	•	Babinski		
• toes							
• ankles					Biceps		
• fingers				•	Triceps		
Proprioception					Supinator		
Cortical sensory			•	•	Patellar		
• Two point					Ankle		
discrimination							
Steriognosis							
Graphesthesia					Oculovestibular		
Notes	•	•	•	•	Oculocephalic		
			Ooculovestibular : apply cold water in the ear , eyes				
			should look to same side				
			Oculocephalic : test done in comatosed patient, turn				
			head to one side , eyes should turn to keep looking				
			forward				

I am	a fourth year medical student, have personally interviewed and examined Mr /				
	and reviewed the history , physical examination and plan of care as outlined				
by Dr. —					
rne patient presented with a	history of				
On examination —					
My impression is ————					
The plan is —————					