# NEUROLOGIC EXAMINATION FORM

## HISTORY:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

## Mental Status/Mentation:

Alert/Appropriate  Dull  Stuporous  Comatose  Disoriented  Demented

## Gait/Posture:

- Head Tilt (L/R)
- Pacing
- Head Turn (L/R)
- Lame (L/R thoracic limb, L/R pelvic limb)
- Circling (L/R)

## Cranial Nerves

<table>
<thead>
<tr>
<th>Cranial Nerves</th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>II/VII Menace:</td>
<td>V</td>
<td></td>
</tr>
<tr>
<td>III Pupil Size:</td>
<td></td>
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<tr>
<td>III Pupil Symmetry:</td>
<td></td>
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<tr>
<td>III Pupil Shape:</td>
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<tr>
<td>II/III PLR Direct:</td>
<td>V/VII</td>
<td></td>
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<tr>
<td>III/IV/VI Strabismus:</td>
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<tr>
<td>V/VI Globe Retraction:</td>
<td>IX/X</td>
<td>XII</td>
</tr>
</tbody>
</table>

## Postural Reactions

- 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:

## Spinal Reflexes

- LFL RFL LHL RHL
- Patellar
- Cran. Tibial*:
- Gastroc*:
- Triceps*:
- Ext. Carpi*:
- Biceps*:
- Withdrawal:
- Crossed Ext:

## 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

## Cutaneus Trunci:

- Normal
- C7 T1 2 3 4 5 6 7 8 9 10 11 12 13 L1 L2 L3 L4 L5

## 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: _______

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