

# Neurologic Exam Form

## Final

**Public reporting burden of this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX**

# NEUROLOGIC EXAM FORM

Patient data (remove top page following exam)

Patient's Name: \_\_\_\_\_  
Last Name First Name

PATIENT ID \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Gender: M  F

Tribal community: \_\_\_\_\_

Tribal affiliation: \_\_\_\_\_

# FINAL

# NEUROLOGIC EXAM FORM

PATIENT ID \_\_\_\_\_

Date of RMSF onset: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

MM DD YYYY

Age at illness (years): \_\_\_\_\_

Current age (years): \_\_\_\_\_

Neurologic exam completed?

Yes  No

If yes,

Date of exam: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Provider performing exam: \_\_\_\_\_

If no, why not?

Deceased  Lost to follow up  Did not consent  Other, describe: \_\_\_\_\_

## I. Altered mental status

Altered  Normal  Unknown/Unable to determine

(If altered or unknown, proceed to II. Mental status examination, otherwise skip to III. Language)

## II. Mental status (8 years and older) (as determined by the healthcare provider using the Montreal Cognitive Assessment (MOCA)) (If less than 8 years skip to section IV, cranial nerve assessment.)

Visuospatial/executive: \_\_\_\_\_ (5) Attention: \_\_\_\_\_ (6) Abstraction: \_\_\_\_\_ (2) Orientation \_\_\_\_\_ (6)

Naming: \_\_\_\_\_ (3) Language: \_\_\_\_\_ (3) Delayed recall \_\_\_\_\_ (5) **TOTAL: \_\_\_\_\_ (30)**

## III. Language (8 years and older)

Normal  Expressive aphasia  Receptive aphasia  Global aphasia  Dysarthria

Description of difficulty: \_\_\_\_\_

## IV. Cranial nerves

CN I  Normal  Abnormal, describe: \_\_\_\_\_

CN VI  Normal  Abnormal, describe: \_\_\_\_\_

CN II

Pupil exam  Normal  Abnormal, describe: \_\_\_\_\_

CN VII  Normal  Abnormal, describe: \_\_\_\_\_

Accommodation  Normal  Abnormal, describe: \_\_\_\_\_

CN VIII  Normal  Abnormal, describe: \_\_\_\_\_

Visual field  Normal  Abnormal, describe: \_\_\_\_\_

CN IX  Normal  Abnormal, describe: \_\_\_\_\_

Visual acuity  Normal  Abnormal, describe: \_\_\_\_\_

CN X  Normal  Abnormal, describe: \_\_\_\_\_

Fundoscopic exam  Normal  Abnormal, describe: \_\_\_\_\_

CN XI  Normal  Abnormal, describe: \_\_\_\_\_

CN III  Normal  Abnormal, describe: \_\_\_\_\_

CN XII  Normal  Abnormal, describe: \_\_\_\_\_

CN IV  Normal  Abnormal, describe: \_\_\_\_\_

CN V  Normal  Abnormal, describe: \_\_\_\_\_

## V. Sensory

Upper extremities  Normal  Numbness  Paresthesias Other, describe: \_\_\_\_\_

Lower extremities  Normal  Numbness  Paresthesias Other, describe: \_\_\_\_\_

Core  Normal  Numbness  Paresthesias Other, describe: \_\_\_\_\_

Face  Normal  Numbness  Paresthesias Other, describe: \_\_\_\_\_

## VI. Motor

### A. Abnormal movements

Fasciculations  Yes  No Comments: \_\_\_\_\_

Tremor  Yes  No Comments: \_\_\_\_\_

Chorea/dyskinesias  Yes  No Comments: \_\_\_\_\_

Myoclonus  Yes  No Comments: \_\_\_\_\_

### B. Bulk

Atrophy  Yes  No Comments: \_\_\_\_\_

### C. Tone

Upper extremities  Normal  Increased (spastic or rigid)  Decreased Comments: \_\_\_\_\_

Lower extremities  Normal  Increased (spastic or rigid)  Decreased Comments: \_\_\_\_\_

Core  Normal  Increased (spastic or rigid)  Decreased Comments: \_\_\_\_\_

### D. Other upper motor neuro signs

Pronator drift  Yes  No  Yes  No Comments: \_\_\_\_\_

Finger tap speed  Normal  Slow  Normal  Slow Comments: \_\_\_\_\_

Foot tap speed  Normal  Slow  Normal  Slow Comments: \_\_\_\_\_

# NEUROLOGIC EXAM FORM

PATIENT ID \_\_\_\_\_

**E. Strength** (0 = No movement; 1 = Barely discernable movement; 2 = Movement along plane of gravity; 3 = Movement against gravity; 4 = Movement against resistance; 5 = Normal)

Neck flexors \_\_\_\_\_

Neck extensors \_\_\_\_\_

**Upper extremity:**

	R	L
	Deltoids	
	Biceps	
	Triceps	
	Wrist extensors	
	Wrist flexors	
	Finger extensors	
	Finger flexors	
	Abductor pollicis brevis	
	Opponens pollicis	
	Interossei	

**Lower extremity:**

	R	L
	Hip flexors	
	Hip extensors	
	Hip abduction	
	Hip adduction	
	Quadriceps	
	Hamstrings	
	Plantarflexors	
	Dorsiflexors	
	Foot evertors	
	Foot invertors	
	Extensor hallucis longus	
	Toe flexors	
	Toe extensors	

**VII. Reflexes** (0 = Absent; 1 = Decreased; 2 = Normal; 3 = Increased/hyperactive; 4 = sustained clonus)

	R	L
	Brachioradialis	
	Biceps	
	Triceps	
	Patellar	
	Ankle jerk	

Excessive jaw jerk  Yes  No

Sustained ankle clonus  Yes  No |  Yes  No

Plantar response (Babinski)  Up  Down  Unclear |  Up  Down  Unclear

**VIII. Coordination**

	R	L	Comments:
Finger-to-nose	<input type="checkbox"/> Normal <input type="checkbox"/> Dysmetric <input type="checkbox"/> Other	<input type="checkbox"/> Normal <input type="checkbox"/> Dysmetric <input type="checkbox"/> Other	_____
Heel-knee-shin	<input type="checkbox"/> Normal <input type="checkbox"/> Dysmetric <input type="checkbox"/> Other	<input type="checkbox"/> Normal <input type="checkbox"/> Dysmetric <input type="checkbox"/> Other	_____
Past-pointing	<input type="checkbox"/> Normal <input type="checkbox"/> Overshoot <input type="checkbox"/> Other	<input type="checkbox"/> Normal <input type="checkbox"/> Overshoot <input type="checkbox"/> Other	_____
Check reflex	<input type="checkbox"/> Normal <input type="checkbox"/> Loss of check reflex <input type="checkbox"/> Other	<input type="checkbox"/> Normal <input type="checkbox"/> Loss of check reflex <input type="checkbox"/> Other	_____

**IX. Gait and station**

- Spontaneous gait  Normal  Hemiplegic  Steppage  Shuffling  Other, describe: \_\_\_\_\_
- Able to walk on toes  Yes  No
- Able to walk on heels  Yes  No
- Able to tandem  Yes  No
- Romberg  Positive  Negative  Unable to assess

**X. Additional narrative/comments:**

**Modified Rankin Scale** (Determined by healthcare provider at exam)  
Use pediatric modified Rankin for children less than 8 years of age (appendix A)

- 0 = No symptoms at all
- 1 = No significant disability despite symptoms; able to carry out all usual duties and activities
- 2 = Slight disability; unable to carry out all previous activities, but able to look after own affairs without assistance
- 3 = Moderate disability; requiring some help, but able to walk without assistance
- 4 = Moderately severe disability; unable to walk without assistance and unable to attend to own bodily needs without assistance
- 5 = Severe disability; bedridden, incontinent and requiring constant nursing care and attention
- 6 = Dead

**SCORE (0 - 6):** \_\_\_\_\_

## Appendix A: Modified Rankin Scale for children

Score	Description
0	No symptoms at all
1	No significant disabilities despite symptoms in clinical examination; age appropriate behaviour and further development
2	Slight disability; unable to carry out all previous activities, but same independence as other age- and sex-matched children (no reduction of levels on the gross motor function scale )
3	Moderate disability; requiring some help, but able to walk without assistance; in younger patients adequate motor development despite mild functional impairment (reduction of one level on the gross motor function scale)
4	Moderately severe disability; unable to walk without assistance; in younger patients reduction of at least 2 levels on the gross motor function scale
5	Severe disability; bedridden, requiring constant nursing care and attention
6	Dead