

Neurologic Exam Form Final

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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

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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: _____

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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