As part of the required elective in pediatric neurology, residents are expected to show competency in both history taking and in the neurological examination. This form is to be used to document completion of a complete neurological examination as witnessed by one of the neurology staff physicians. Please return to Dr Deputy when complete.

Resident Name: ________________________________

Patient’s Medical Record#: ________________________________

Patient’s Age and Diagnosis: ________________________________

Date of Evaluation: ___________

Overall Neurological Examination: _________ Satisfactory ___________ Unsatisfactory

Comments:

Mental Status:                    __________ Satisfactory         ___________ Unsatisfactory
Comments:

Cranial Nerves:  __________Satisfactory ____________Unsatisfactory
Comments:

Motor Exam:   __________Satisfactory ____________Unsatisfactory
Comments:

Sensory Exam:  __________Satisfactory ____________Unsatisfactory
Comments:

Coordination Exam:  __________Satisfactory ____________Unsatisfactory
Comments:

Gait Examination:  __________Satisfactory ____________Unsatisfactory
Comments:

Faculty Name and Signature: ________________________________