

## Neurology Elective Physical Examination

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: \_\_\_\_\_