



**OTHER SYSTEMS:**

**NEUROLOGICAL EXAMINATION**

• a. HANDEDNESS  Right  Left

• b. MENTAL STATE:  
Mini mental state

• c. GCS EO \_\_\_\_\_ BVR \_\_\_\_\_ BMR \_\_\_\_\_

• d. HEAD

• e. SPEECH

• f. CRANIAL NERVES

I Olfaction **R** **L**

II Visual acuity  
Visual fields  
Fundi

III - IV - VI

V

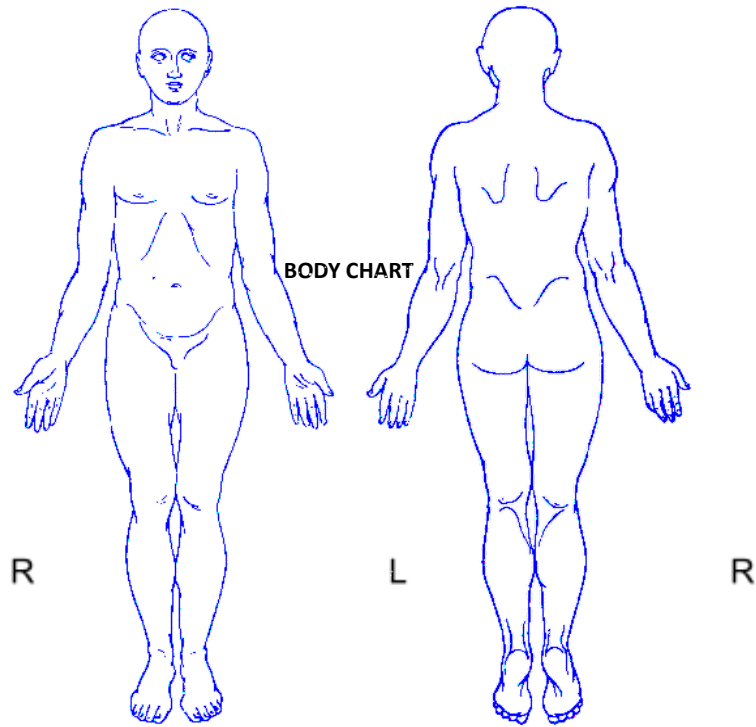
VII

VIII

IX - X - XI

XII

- h. SENSORY SYSTEM



- i. REFLEXES

Deep

R

L

Biceps		
Supinator		
Triceps		
Knee		
Ankle		

Superficial

Plantar		
Abdominal		

Pathological

- j. COORDINATION

- k. SPINE

- I. PERIPHERAL NERVES & ANS
- I. SIGNS OF MENINGEAL IRRITATION

<p><b>3. MUSCULOSKELETAL</b></p> <ul style="list-style-type: none"> <li>• Examination of gait and station</li> <li>• Assess motor function:             <ul style="list-style-type: none"> <li>• Muscle strength in upper and lower extremities.</li> <li>• Bulk</li> <li>• Power</li> <li>• Muscle tone in upper and lower extremities (e.g. flaccid, cog wheel, spastic) with notation of any atrophy or abnormal movements (e.g., fasciculations, tardive dyskinesia)</li> </ul> </li> <li>• Other Joints</li> </ul>	
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**6. DIFFERENTIAL DIAGNOSIS OR DIAGNOSIS:**

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**7. TREATMENT PLAN**

Investigation Planned

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Main Lines of Treatment

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Hospitalization Required –  YES       NO

If YES, Estimated length of stay: \_\_\_\_\_

**Doctor's Sign:**

:Doctor's Stamp	
<b>Date:</b>	<b>Time:      H</b>