# Nursing Neurological Assessment

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| Nurse: |  | | | Time: |  | Date: |  |
| Patient Name: | |  | | DOB: |  | Time: |  |
| Previous Appointments: | | |  | Date: |  | Date: |  |

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| EYES |  | **Note** | **Note** | **Note** |
| Pupil Dilation | Dilated | 7 |  |
| Focus | Good | N/A | N/A |
| Eye Movement | Left Good | Right Good | Up/down Good |
| Eye Lid Movement | Normal | N/A | N/A |
| Eyes react to pain | Yes | Close | N/A |
| Eyes open to pain | No | N/A | N/A |
| Eyes non-responsive | No | N/A | N/A |
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| MOTOR FUNCTIONS |  | **Note** | **Note** | **Note** |
| Arms | Good | Right Good | Left Good |
| Legs | Good | Right Good | Left Good |
| Knees | Good | Right Good | Left Good |
| Fingers | Right 1, 2, 3, 4, 5 | Left 1, 2, 3, 4, 5 | Good |
| Toes | Right 1, 2, 3, 4, 5 | Left 1, 2, 3, 4, 5 | Good |
| Finger to nose | Normal | Responsive | N/A |
| Finger to Finger | Normal | Responsive | N/A |
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| REFLEXES |  | **Note** | **Note** | **Note** |
| To pain | Yes | The body tightens | N/A |
| To voice | Yes | Normal | N/A |
| To noise | Yes | Normal | N/A |
| To movement | No | Normal | N/A |
| Muscle reaction | Good | N/A | N/A |
| Reaction delay | No | N/A | N/A |
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| VERBAL |  | **Note** | **Note** | **Note** |
| Articulation | Functioning | Good | Vocal |
| Appropriate Language | Yes | Good | Vocal |
| Foul language | No | N/A | N/A |
| Nonsensical sound | No | N/A | N/A |
| Non-Verbal | No | N/A | N/A |
| Speech Impaired | No | N/A | N/A |
| Questions/Interview | Verbal | Considerate answers | Good |
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| PATIENT INFO |  | **Note** | **Note** | **Note** |
| Blood Pressure | 120/80 | Normal | Good |
| Heart Rate | 80 BPM | Normal | Good |
| Weight | 150lbs | N/A | N/A |
| Height | 5’5” | N/A | N/A |
| Age | 33 | N/A | N/A |
| Sex | Male | N/A | N/A |
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| Signature |  |  | Time |  |  | Date |  |
| Signature |  |  | Time |  |  | Date |  |
| Signature |  |  | Time |  |  | Date |  |