

Cranial Nerve Exam

Patient name: _____ Date of birth: _____

Patient Identifier: _____ Date of examination: _____

Cranial Nerve	Number	Notes
Olfactory	I	
Optic	II	
Oculomotor, Trochlear, and Abducens	III, IV and VI	
Trigeminal	V	
Facial	VII	

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Cranial Nerve	Number	Notes
Vestibulocochlear	VIII	
Glossopharyngeal and Vagus	IX and X	
Spinal Accessory	XI	
Hypoglossal	XII	
Summary of Findings and Further Assessments		

Clinician Name: _____
Clinician Designation: _____
Clinician Signature: _____