

S Subjective

1 PATIENT IDENTIFICATION

Name:	_____	DOB / Age:	_____
Sex:	_____	MRN:	_____
Date of Visit:	_____	Referring Provider:	_____
Neurologist:	_____	Accompanied by:	_____

2 CHIEF COMPLAINT

Primary concern: _____

Duration of symptoms: _____

3 HISTORY OF PRESENT ILLNESS

ONSET & COURSE

Onset (sudden/gradual):	_____	Progression:	_____
Duration/Frequency:	_____	Severity (0-10):	_____

EVENT DESCRIPTION

Trauma, infection, exertion, medication changes, stressors, sleep deprivation, substance exposure...

SYMPTOM CHARACTERIZATION

Location / distribution: _____

Pattern (episodic/continuous): _____

Quality: weakness, numbness/tingling, burning pain, tremor, rigidity, headache, dizziness/vertigo, visual disturbances, cognitive/behavioral changes...

ASSOCIATED SYMPTOMS

Nausea/vomiting, photophobia, phonophobia, aura, confusion, speech difficulty, memory problems, balance/gait disturbance, fatigue, sleep disturbance...

AGGRAVATING & ALLEVIATING FACTORS

Aggravating: _____

Alleviating: _____

FUNCTIONAL IMPACT

Walking/balance, speech, memory/cognition, ADLs, work performance, driving...

PRIOR EVALUATION & TESTING

Neurology consults, ED visits, hospitalizations, prior diagnoses, MRI brain/spine, CT, EEG, EMG/NCS, lumbar puncture, neuropsych testing...

PRIOR TREATMENTS & RESPONSE

Medication trials, PT/OT/speech therapy, surgical procedures, lifestyle modifications and response...

4 PAST MEDICAL HISTORY

Stroke/TIA, seizure disorder, migraine, movement disorders, demyelinating disorders, peripheral neuropathy, dementia/MCI, TBI, hypertension, diabetes, hyperlipidemia, autoimmune, thyroid, malignancy...

5 PAST SURGICAL HISTORY

Brain surgery/tumor resection, spinal surgery/decompression, deep brain stimulation, VP shunt, carotid endarterectomy, other major surgeries...

6 MEDICATIONS

All current medications with dose and frequency — antiepileptics, migraine, movement disorder, neuropathic pain, antiplatelet/anticoagulants, psychiatric, sleep, OTC, supplements...

7 ALLERGIES

Drug allergies: _____

Contrast dye allergy: _____

Latex allergy: _____

8 SOCIAL HISTORY

Occupation: _____ Living situation: _____

Smoking: _____ Alcohol use: _____

Recreational drugs: _____ Sleep (hrs/quality): _____

Driving status: _____ Exercise habits: _____

Psychosocial stressors: _____

9 FAMILY HISTORY

Stroke/cerebrovascular disease, seizure disorders, migraine, movement disorders, dementia, demyelinating disease, neuromuscular disorders...

10 REVIEW OF SYSTEMS

NEUROLOGICAL

Headache, seizures, weakness, numbness, tremor, visual disturbances, speech changes, dizziness, imbalance, memory problems, altered consciousness...

COGNITIVE / PSYCHIATRIC

Depression, anxiety, behavioral changes, hallucinations, personality changes...

SYSTEMS

General: fever, fatigue, weight changes. Cardiovascular: chest pain, palpitations, syncope. Endocrine: thyroid symptoms, glucose abnormalities. GI/GU: bowel or bladder dysfunction...

11 FUNCTIONAL STATUS & SAFETY

ADL independence: _____

Fall history / risk: _____

Mobility / assistive device: _____

Driving safety: _____

Seizure precautions: _____

O Objective

12 VITAL SIGNS

BP: _____ HR: _____ RR: _____

Temp: _____ O₂ Sat: _____

13 GENERAL PHYSICAL EXAMINATION

General appearance: _____

Level of distress: _____

Mental alertness: _____

Gait observation: _____

14 NEUROLOGICAL EXAMINATION

MENTAL STATUS

DOMAIN	FINDINGS
Orientation (person / place / time)	_____
Attention & concentration	_____
Short-term memory	_____
Long-term memory	_____
Language (comprehension / expression)	_____
Mood & affect	_____
MMSE score (if performed)	_____
MoCA score (if performed)	_____

CRANIAL NERVES (I-XII)

Visual fields, pupillary responses, extraocular movements, facial sensation/symmetry, hearing, palate elevation, shoulder strength, tongue movement...

MOTOR EXAMINATION (0-5 SCALE)

MUSCLE GROUP	RIGHT	LEFT
Shoulder	_____	_____
Elbow	_____	_____
Wrist	_____	_____
Hand	_____	_____
Hip	_____	_____
Knee	_____	_____
Ankle	_____	_____
Foot	_____	_____

Tone / other findings: _____

SENSORY EXAMINATION

MODALITY	RIGHT	LEFT
Light touch	_____	_____
Pain	_____	_____
Temperature	_____	_____
Vibration	_____	_____
Proprioception	_____	_____

Dermatomal distribution: _____

REFLEXES

REFLEX	RIGHT	LEFT
Biceps	_____	_____
Triceps	_____	_____
Brachioradialis	_____	_____
Patellar	_____	_____

Achilles	_____	_____
Babinski	_____	_____
Hoffmann	_____	_____
Clonus	_____	_____

COORDINATION & GAIT


TEST	FINDINGS
Finger-to-nose	_____
Heel-to-shin	_____
Rapid alternating movements	_____
Normal gait	_____
Tandem walking	_____
Heel / toe walking	_____
Romberg test	_____

15 NEUROLOGICAL SEVERITY SCALES

GCS: _____ NIH Stroke Scale: _____
 Modified Rankin Scale: _____ MMSE / MoCA: _____

16 DIAGNOSTIC STUDIES


NEUROIMAGING

MRI brain, CT brain, MRI spine, CT/MR angiography — dates and findings... 


ELECTROPHYSIOLOGIC STUDIES

EEG, EMG/NCS, evoked potentials — dates and findings... 

LABORATORY STUDIES


Metabolic panel, vitamin deficiencies, autoimmune markers, infectious testing... 

OTHER TESTING


Lumbar puncture results, neuropsychological testing, sleep studies... 

A Assessment

17 CLINICAL SUMMARY

Brief synthesis of history, examination findings, and diagnostic results... 

18 PROBLEM LIST

Active neurological and relevant medical problems... 

19 PRIMARY NEUROLOGICAL DIAGNOSIS

20 SECONDARY DIAGNOSES

Additional diagnoses...

21 DIFFERENTIAL DIAGNOSIS

Conditions considered based on clinical findings...

P Plan

22 MEDICAL MANAGEMENT

Antiepileptic therapy, migraine treatment, movement disorder medications, neuropathic pain, cognitive-enhancing medications...

23 DIAGNOSTIC PLAN

Additional testing — neuroimaging, EEG monitoring, EMG/NCS, laboratory evaluation, neuropsychological testing...

24 REHABILITATION & THERAPY

Physical therapy, occupational therapy, speech therapy, cognitive rehabilitation...

25 PROCEDURAL / SURGICAL CONSIDERATIONS

Neurosurgical referral when structural or surgically treatable conditions identified...

26 CARE COORDINATION

Neurosurgery, psychiatry, PM&R, neuropsychology, primary care, other specialties...

27 PATIENT EDUCATION

Diagnosis and prognosis, medication adherence, lifestyle modifications, warning signs requiring urgent attention...

28 FOLLOW-UP

Return in: _____

Instructions: _____

Notes: _____

PROVIDER SIGNATURE

Provider name: _____ Date & Time: _____

Signature: _____ Credentials / NPI: _____