

NEUROLOGICAL HISTORY AND EXAMINATION

Clinic No.							
ID No.							
Visit Type	Q	V	0	0			

PART I: VISIT IDENTIFICATION

1. Patient's NAME CODE: -----
2. Visit date: ----- Day - Month - Year VISDAYS

PART II: NEUROLOGICAL HISTORY

3. Personal history:
- |  |       |          |            |           |
|--|-------|----------|------------|-----------|
| A. Stroke  | ----- | STROKE   | Yes<br>(1) | No<br>(2) |
| B. Transient ischemic attacks  | ----- | TRANISC  | (1)        | (2)       |
| C. Head trauma with loss of consciousness for 24 hours or more or skull fracture | ----- | HEADTRM  | (1)        | (2)       |
| D. Facial trauma on the right side requiring surgical repair                     | ----- | FACETRM  | (1)        | (2)       |
| E. Diagnosed as having peripheral neuropathy                                     | ----- | NEUROP   | (1)        | (2)       |
| F. Persistent numbness or tingling in hands, feet or on either side of the body  | ----- | NUMBNESS | (1)        | (2)       |
| G. Numbness on right side of face  | ----- | NUMBFACE | (1)        | (2)       |
| H. Disabled on account of pain   | ----- | DISPAIN  | (1)        | (2)       |

PART III: MINI MENTAL STATE EXAMINATION

(Complete Form 02 Worksheet. DO NOT send Worksheet to CCC.)

4. Mini mental status: ----- MINIMENT Normal Abnormal  
(1) (2)
- A. Number of items incorrect ----- MENTNBR -----

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PART IV: NEUROLOGICAL EXAMINATION

Normal Abnormal

5. Gait:

A.	Stride	-----	STRIDE	-----	(1)	( )
B.	Arm swing	-----	ARM	-----	(1)	I: )
C.	Tandem walk	-----	TANDEM	-----	(1)	(2)

6. Romberg's Test: ----- ROMBERG ----- (1) (2)

7. Finger-nose test: ----- FIN GEL ----- (1) (2)

8. Cranial nerves:			1) Right		2) Left	
			Normal	Abnormal	Normal	Abnormal

A.	Eye closure	-----	REYE	-----	(1)	(2)	LEYE	(1)	(2)
B.	Showing of teeth	-----	RTEETH	-----	(1)	(2)	LTEETH	(1)	(2)
C.	Smile	-----	RSMILE	-----	(1)	(2)	LSMILE	(1)	(2)
D.	Light touch to face	-----	RFACE	-----	(1)	(2)	LFACE	(1)	(2)

9. Tone:

A.	Elbow	-----	REL BOW	-----	(1)	(2)	LEIBOW	(1)	(2)
B.	Wrist	-----	RWRIST	-----	(1)	(2)	LWRIST	(1)	(2)
C.	Knee	-----	RKNEE	-----	(1)	(2)	LKNEE	(1)	(2)

10. Strength:

A.	Arm (drift)	-----	RARM	-----	(1)	(2)	LARM	(1)	(2)
B.	Deltoid	-----	RDEL T	-----	(1)	(2)	LDEL T	(1)	(2)
C.	Hand grip	-----	RHAND	-----	(1)	(2)	LHAND	(1)	(2)

11. Finger-tapping: ----- RFINGER (1) ----- (2) LFINGER (1) (2)

12. Plantar response upgoing: RPLANT Yes (1) No (2) LPLANT Yes (1) No (2)

13. Reflexes:

			Normal	Absent	Asymmetric
A.	Brachioradialis	-----	BRACREF	-----	(1) (2) (3)
B.	Biceps	-----	BICREF	-----	(1) (2) (3)
C.	Knee	-----	KNEEREF	-----	(1) (2) (3)
D.	Ankle	-----	ANKREF	-----	(1) (2) (3)

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14. Sensation:

		Yes	No
A.	Position (distal thumb) symmetric	(1 )	(2 )
B.	Vibration (ankle) present	(1 )	(2 )
C.	Cold (ankle) present	(1 )	(2 )
D.	Pinprick (ankle) present	(1 )	(2 )

SYMMET  
 VIBRATE  
 COLD  
 PINPRICK

15. Based on neurological examination does patient exhibit neurologic abnormality? (1 ) (2 )

NEURABN  
 ↓

Explain: _____ _____
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16. Is patient eligible for PIMI? (1 ) (2 )

NEURELIG

PART 2: ADMINISTRATIVE MATTERS

17. Person conducting neurologic examination:

Signature: \_\_\_\_\_ PIMI Staff No.. \_\_\_\_\_ - \_\_\_\_\_

18. Research Coordinator:

Signature: \_\_\_\_\_ PIMI Staff No.: \_\_\_\_\_ - \_\_\_\_\_

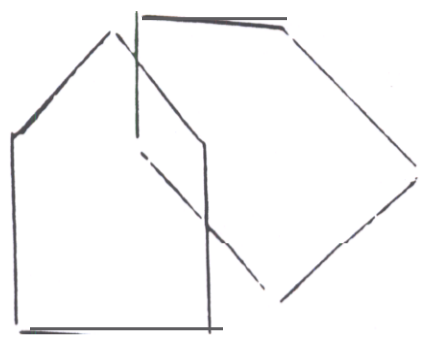
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Copy this design.

Correct?

\_\_\_\_\_



two pentagons?

\_\_\_\_\_

pentagons intersect?

\_\_\_\_\_

orientation approximately correct?

\_\_\_\_\_

not **less** than 50% nor more than 100% size?

\_\_\_\_\_

What were those three things I ask you to remember?

I s p a t i e n t 3/3?

\_\_\_\_\_

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