

VETERINARY MEDICAL TEACHING HOSPITAL
UNIVERSITY OF FLORIDA
NEUROLOGICAL EXAMINATION
AND NEUROLOGIC CONSULT FORM

EVALUATION OF THE HEAD:

1. History of Seizures: Yes _____ No _____
 a. type of seizure _____
 b. age of onset _____
 c. frequency _____
 d. progression _____
 e. medication _____
 2. Personality & Mentation _____
 3. Head Posture _____
 4. Head Coordination _____

SCALES

REFLEXES	POSTURAL REACTIONS
0 = absent	0 = paralysis
1+ = depressed	1 = some movement
2+ = normal	2 = supports weight
3+ = hyperactive	3 = stumbles occasionally
4+ = hyper with clonus	4 = normal

OTHER RESPONSES

nrm = normal abn = abnormal
 Y = yes N = no

CIRCLE THE CORRECT RESPONSE BELOW

EVALUATION OF CRANIAL NERVES:

	LEFT			RIGHT				LEFT			RIGHT		
	abn	or	nrm	abn	or	nrm		Y	or	N	Y	or	N
Olfaction							Spontaneous Nystagmus						
Menace	0	1+	2+	0	1+	2+	Type						
Pupil Size	sm	med	lrg	sm	med	lrg	Hearing	0	1+	2+	0	1+	2+
Pupil Reflex (Direct)	0	1+	2+	0	1+	2+	Ear, Eye, Lip Reflexes	0	1+	2+	0	1+	2+
(Consensual)	0	1+	2+	0	1+	2+	Temporal & Masseter Muscles	abn	or	nrm	abn	or	nrm
Doll's Eye	abn	or	nrm	abn	or	nrm	Swallow	0	1+	2+	0	1+	2+
Strabismus	Y	or	N	Y	or	N	Trapezius Muscle	abn	or	nrm	abn	or	nrm
Type							Tongue	abn	or	nrm	abn	or	nrm
Vestibular Nystagmus	0	1+	2+	0	1+	2+							

EVALUATION OF LIMB RESPONSES:

	LEFT					RIGHT						LEFT					RIGHT									
	0	1	2	3	4	0	1	2	3	4		0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
FRONT:											REAR:															
Wheelbarrow	0	1	2	3	4	0	1	2	3	4	Wheelbarrow	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
Hopping	0	1	2	3	4	0	1	2	3	4	Hopping	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
Propriocept.	0	1	2	3	4	0	1	2	3	4	Propriocept.	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
Triceps R.	0	1+	2+	3+	4+	0	1+	2+	3+	4+	Patellar R.	0	1+	2+	3+	4+	0	1+	2+	3+	4+	0	1+	2+	3+	4+
Biceps R.	0	1+	2+	3+	4+	0	1+	2+	3+	4+	Ant. Tibial R.	0	1+	2+	3+	4+	0	1+	2+	3+	4+	0	1+	2+	3+	4+
Ex. Carpi R.	0	1+	2+	3+	4+	0	1+	2+	3+	4+	Gastroc. R.	0	1+	2+	3+	4+	0	1+	2+	3+	4+	0	1+	2+	3+	4+
Flexor R.	0	1+	2+	3+	4+	0	1+	2+	3+	4+	Flexor R.	0	1+	2+	3+	4+	0	1+	2+	3+	4+	0	1+	2+	3+	4+
X extensor	Y	or	N			Y	or	N			X extensor	Y	or	N			Y	or	N			Y	or	N		
Babinski	Y	or	N			Y	or	N			Babinski	Y	or	N			Y	or	N			Y	or	N		
Deep Pain	Y	or	N			Y	or	N			Deep Pain	Y	or	N			Y	or	N			Y	or	N		
Neck Pain	Y	or	N			Y	or	N			Back Pain	Y	or	N			Y	or	N			Y	or	N		
Muscle Atr.	Y	or	N			Y	or	N			Muscle Atr	Y	or	N			Y	or	N			Y	or	N		
Location											Location															
Panniculus	Y	or	N			Y	or	N			Anal R.	0	1+	2+	3+	4+	0	1+	2+	3+	4+	0	1+	2+	3+	4+

EVALUATION OF GAIT & STRENGTH: (WALK, TROT, & HEMIWALK)

0 1 2 3 4

Comments: _____

LOCATION OF LESION: _____

SEVERITY OF LESION: _____

PROGNOSIS: _____

DIFFERENTIAL DIAGNOSIS:

1. _____
2. _____
3. _____
4. _____
5. _____

DIAGNOSTIC PLAN:

RECOMMENDATION:

DATE: _____

SIGNATURE: _____