

### **E. Neurological Examination Checklist and Evaluation for Orthostasis**

Patient's name: \_\_\_\_\_ Date: \_\_\_\_\_ Examined by: \_\_\_\_\_

		Normal or No	Abnormal or Yes	Describe / Comment
	<b>Cranial Nerves</b>			
<b>E05</b>	Speech	<input type="checkbox"/>	<input type="checkbox"/>	
<b>E06</b>	Vertical eye movements	<input type="checkbox"/>	<input type="checkbox"/>	
<b>E07</b>	Visual fields	<input type="checkbox"/>	<input type="checkbox"/>	
<b>E08</b>	Other cranial nerves	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>Extremities</b>			
<b>E04</b>	Resting tremor?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>E11</b>	Rigidity? (on passive range of motion)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>E12</b>	Cogwheeling? (on passive range of motion)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>E09</b>	Strength symmetry	<input type="checkbox"/>	<input type="checkbox"/>	
<b>E10</b>	Reflexes abnormal? ((hyperreflexia, asymmetry, or extensor plantar response)	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>Gait and Balance</b>			
<b>E13</b>	Cerebellar testing	<input type="checkbox"/>	<input type="checkbox"/>	
<b>E01</b>	Gait: asymmetry?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>E02</b>	Gait: hesitates/pauses?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>E03</b>	Gait/balance stability	<input type="checkbox"/>	<input type="checkbox"/>	

#### **E14 Evaluation for Blood Pressure and Orthostatic Hypotension**

Sitting: blood pressure: \_\_\_\_ / \_\_\_\_ pulse: \_\_\_\_\_

Upon standing: blood pressure \_\_\_\_ / \_\_\_\_ pulse \_\_\_\_\_  unable to stand

Standing 3 minutes: blood pressure \_\_\_\_ / \_\_\_\_ pulse \_\_\_\_\_  unable to stand