

PRELIMINARY NEUROLOGIC EXAM

Patient Name: _____ File #: _____ Date: _____

Date of Surgery: _____

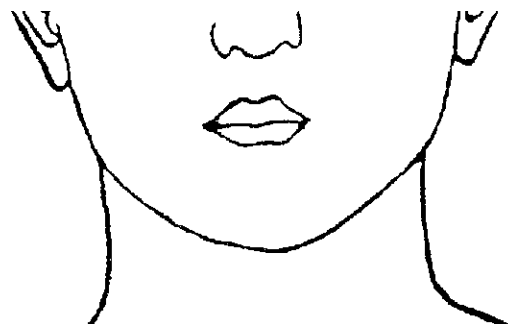
Chief Complaint: _____

Subjective Symptoms: _____

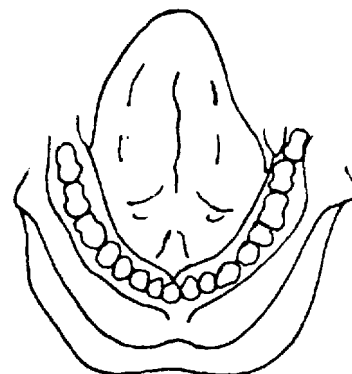
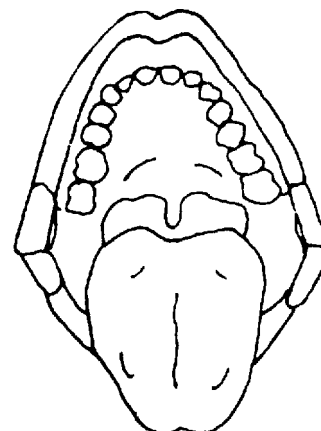
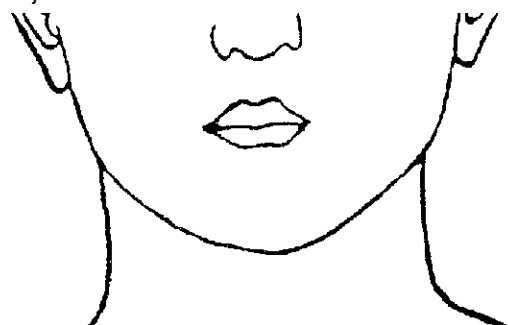
Clinical Findings:

Temperature (ice)	+	-	
Pain (pin prick- measure & diagram)	+	-	
Pressure (pin prick, pinch reflex)	+	-	
Touch (brush)	+	-	
Direction			
Two Point Discrimination & Localization (normal = _____ mm) (test = _____ mm)	+	-	
Taste			
Sweet	+	-	
Salt	+	-	
Sour	+	-	
Bitter	+	-	

Subj



Obj



Descriptive Findings: _____

Radiographs: _____

Comments: _____

Next F/U Visit: _____

Consults: _____

Pt. given Nerve Injury Information sheet

FOLLOW-UP NEUROLOGICAL EXAMS

Date:

MAP & MEASURE SIZE OF AREA

Symptoms:

Pin:

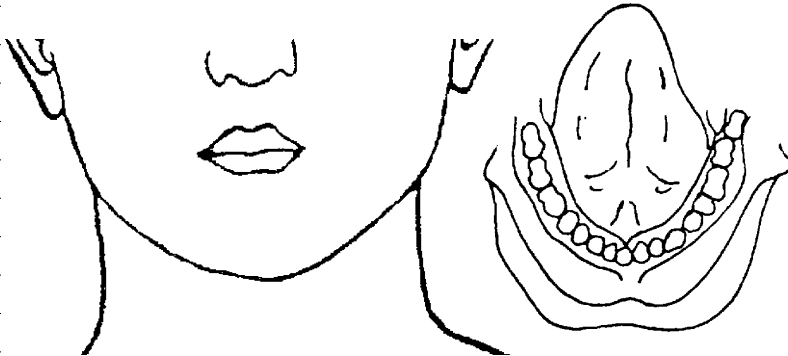
Temp:

Brush:

2 pt. discrim.:

Pressure:

Comments:



Date:

MAP & MEASURE SIZE OF AREA

Symptoms:

Pin:

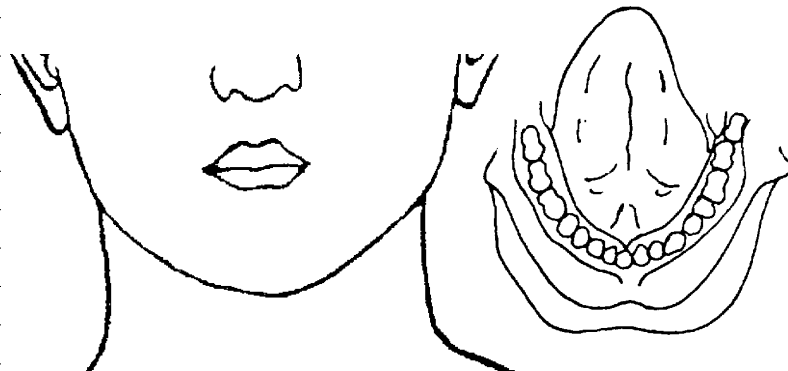
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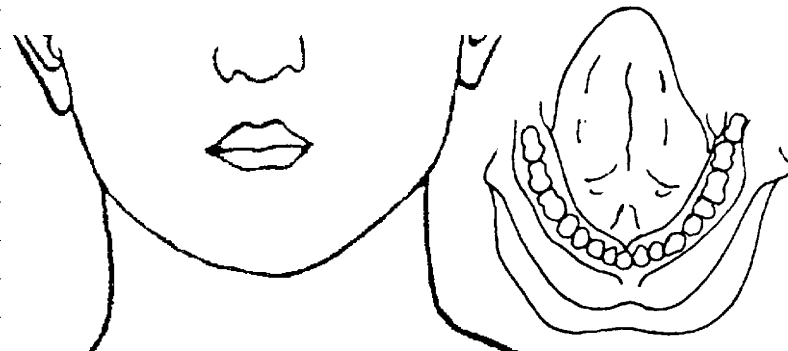
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