

# Neurological Vital Signs

## PATIENT INFORMATION

Name:: \_\_\_\_\_ Date of Birth:: \_\_\_\_\_ dd / mm / yyyy  
 Medical Record #:: \_\_\_\_\_

## VITAL SIGNS

Pulse Rate:: \_\_\_\_\_ Blood Pressure:: \_\_\_\_\_  
 Respiratory Rate:: \_\_\_\_\_ Body Temperature:: \_\_\_\_\_

## MOTOR RESPONSE

### Upper Extremities:

Right:: \_\_\_\_\_ Left:: \_\_\_\_\_

### Lower Extremities:

Right:: \_\_\_\_\_ Left:: \_\_\_\_\_

## CRANIAL NERVES

I. Olfactory (Smell):: \_\_\_\_\_ II. Optic (Vision):: \_\_\_\_\_  
 III. Oculomotor (Eye Movement):: \_\_\_\_\_ IV. Trochlear (Eye Movement):: \_\_\_\_\_  
 V. Trigeminal (Facial Sensation):: \_\_\_\_\_ VI. Abducens (Eye Movement):: \_\_\_\_\_  
 VII. Facial (Facial Movement):: \_\_\_\_\_ VIII. Vestibulocochlear (Hearing/Balance):: \_\_\_\_\_  
 IX. Glossopharyngeal (Swallowing):: \_\_\_\_\_ X. Vagus (Swallowing, Speech):: \_\_\_\_\_  
 XI. Accessory (Head Movement):: \_\_\_\_\_ XII. Hypoglossal (Tongue Movement):: \_\_\_\_\_

## PUPILLARY REACTION

### Pupil Size:

Right:: \_\_\_\_\_ Left:: \_\_\_\_\_

### Reaction to Light:

Right:: \_\_\_\_\_ Left:: \_\_\_\_\_

## BRAIN STEM FUNCTION

Reflexes:: \_\_\_\_\_ Deep Tendon Reflexes:: \_\_\_\_\_

Babinski Reflex:: \_\_\_\_\_

### Facial Movements:

Smile:: \_\_\_\_\_ Frown:: \_\_\_\_\_

## SENSORY RESPONSES

### Touch Sensation:

Right:: \_\_\_\_\_ Left:: \_\_\_\_\_

### Pain Sensation:

Right:: \_\_\_\_\_ Left:: \_\_\_\_\_

## LEVEL OF CONSCIOUSNESS

Alertness:: \_\_\_\_\_ Responsiveness:: \_\_\_\_\_

Orientation:: \_\_\_\_\_

**VERBAL RESPONSE**

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Speech Clarity:: \_\_\_\_\_ Language Comprehension:: \_\_\_\_\_

Coherence:: \_\_\_\_\_

**ADDITIONAL NOTES**

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Additional Notes: