

PRE-ECT NEUROLOGICAL ASSESSMENT

(to be completed in addition to standard H&P)

PATIENT NAME:

COMPLETED BY:

CRANIAL NERVES

II OPTIC

Visual fields to count fingers or confrontation

FINDINGS _____

III OCULOMOTOR, IV TROCHLEAR, VI ABDUCENS

EOM

FINDINGS _____

VII FACIAL

Nasolabial folds symmetric, eye closure tight, brow wrinkling

FINDINGS _____

VIII ACOUSTIC

Hearing to whisper and/or rubbing fingers

FINDINGS _____

IX, X GLOSSOPHARYNGEAL AND VAGUS

Palate midline and/or gag

FINDINGS _____

XI SPINAL ACCESSORY

Shoulder shrug and/or chin rotation against resistance

FINDINGS _____

XII HYPOGLOSSAL

Tongue protrudes Midline

FINDINGS _____

MOTOR STRENGTH

Upper Extremity Proximal

Left

Right

Upper Extremity Distal

Upper Extremity Proximal

Upper Extremity Distal

Scoring

5 = Normal Strength

4 = Weak but movement against gravity

3 = Movement against gravity only

2 = Movement without gravity eliminated

1 = Trace contraction only

0 = No contraction

ABNORMAL MOVEMENTS

	YES	NO	IF YES, WHERE
DYSKINESIA	_____	_____	_____
TEMOR	_____	_____	_____
CHOREA	_____	_____	_____
ATHETOSIS	_____	_____	_____
CHOREOATHETOSIS	_____	_____	_____
DYSTONIA	_____	_____	_____
OTHER	_____	_____	_____

CERBELLAR

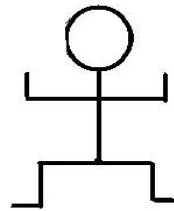
GAIT _____

TANDEM WALK _____

FINGER TO NOSE AND/OR RAPID ALTERNATING MOVEMENTS
RAPID REPETITIVE MOVEMENTS UPPER EXTREMIIES _____

HEEL TO SHIN AND/OR RAPID ALTERNATING MOVEMENTS RAPID
REPETITIVE MOVEMENTS LOWER EXTREMITIES _____

DEEP TENDON REFLEXES



SENSORY

LIGHT TOUCH _____

VIBRATION _____

PROPRIOCEPTION _____

PIN PRICK _____

ROMBERG _____

RECOMMENDATIONS _____

SIGNATURE

DATE