F / S Date : _____ ID : _____ Name : _____ Sex : (M / F)
Dx : _____

Mental status; alert, drowsy, stupor, coma
지남력(orientation) : T/P/P
기억력(memory) :
계산력(calculation):
언어(speech) : F/C/N/R : , dysarthria
행동(behavior) :

Cranial nerve examination : Normal / Abnormal
Pupil size & L/R
EOM :
Visual field :
Facial sensory :
Facial expression :
Swallowing :
Tongue deviation:
Gag reflex:

Motor Examination :
G ( ) / G ( )
G ( ) / G ( )
Involuntary movement ; No / Yes (R/L) (U/L)
: tremor / dystonia / athetosis / ballism / chorea
Tone : normal / abnormal (R/L) (U/L)
: spastic / flaccid / rigid / cogwheel phenomenon

Sensory Examination : Normal / Abnormal
pain(pin prick test):
light touch :
vibration :

Cerebellar function test & Gait : Normal / Abnormal
Finger to Nose :
Rapid alternating movement :
Heel to shin :
Gait : normal / limping / ataxic / shuffling / festinating / other
Tandem gait :

Romberg test : Normal / Abnormal

Deep tendon reflexes
B (/), W (/)
K (/), A (/)

Pathologic signs : No / Yes
Babinski sign
Hoffmann sign

Other exam & comments :

**기울임체는 필수 검사 항목입니다.*