

1- AMS

Name

Age

Admitted to

for

Consulted for

- Onset?
- Progression
- Intermittent?
- Hallucinations
- Depressed mode
- Agitation
- Verbal abuse
- Physical abuse
- Falls
- Gait
- Head injury
- Weakness
- Numbness
- Seizures
- Sleeping
- Baseline mental status:
 - AAOx---
 - Hold conversation
 - Financial
 - Bathroom
 - Shower
 - Cooking
 - Groceries
 - Getting lost
 - Ambulation

Previous work up

MRN

PMHx

- HTN
- DM
- HLD
- Stroke
- Migraine
- Epilepsy

General

- Fever/chills
- Weight loss

Neuro

- Headache
- Dizziness
- Vision
- Hearing
- Tinnitus
- Speech/slurred
- Swallowing
- Numbness
- Weakness
- Neck/back pain
- Seizure/LOC
- Saddle anesthesia
- Memory issues
- Gait/balance
- Incontinence**

CVS/Resp

- Chest pain
- Palpitations
- Cough
- SOB

GI/GU

- Nausea/vomiting
- Diarrhea/**constipation**
- Dysuria

Infectious

- Recent travel
- Sick contacts
- Rash

Msk

- Stiffness
- Joint pain
- Muscle pain

- MRI sheet
- Home meds
- Code status
- Allergies

PSHx

Meds:

	mg	q
	mg	q
	mg	q
	mg	q
	mg	q
	mg	q
	mg	q
	mg	q

Social history:

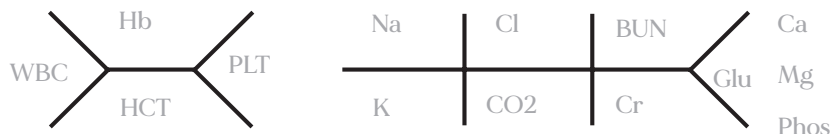
- Lives with _____ Occupation _____
- ADLs _____
- Smoking: _____ cig, For _____ years, Quitted _____ years ago
- Alcohol: _____ glasses, For _____ years, Quitted _____ years ago
- Marijuana: _____
- Drug use: _____

Family history:

- Stroke Brain tumors Epi-
lepsy

VS: T _____, BP _____, HR _____, RR _____, O2sat _____, FS _____

MS: AOx3, follow 3 steps commands/ memory/ weekdays backwards
CN: Pupils, VF, face sensation, nystagmus
Motor: Bulk/ Tone/Drift/Power
Sensory: PP, vibration, proprioception
Reflexes: plantar reflex/clonus
Coordination: FNF/ HTS
Gait: Tandem gait/ tiptoe/ heel/ Romberg neg



CTH

2- DZ

Name

Age

Admitted to

for

Consulted for

RHD LHD

- Room spinning
- Sudden gradual
- Onset: d/m/y
- Constant or Intermittent
- Episode duration _____ secs/mins
- Progression
- How many episodes?
- Relieved by
- Aggreviated by:
 - Change of postion
 - Turning head
 - Sitting
 - Standing
- N/V
- Hearing loss R or L?
- Tinnitus R or L?
- Vision R or L?
- Cough, runny nose
- Palpitations/ SOB/ sweating
- LOC/ fainting
- Falls
- Unbalance? R or L?

Previous work up

MRN

PMHx

- HTN DM
- HLD Stroke
- Seziures
- Afib

General

- Fever/chills
- Weight loss

Neuro

- Head trauma
- Headache
- Dizziness
- Vision
- Hearing
- Tinnitus
- Speech/slurred
- Swallowing
- Numbness
- Weakness
- Neck/back pain
- Seizure/LOC
- Saddle anesthesia
- Memory issues
- Gait/balance
- Incontinence

CVS/Resp

- Chest pain
- Palpitations
- Cough
- SOB

GI/GU

- Nausea/vomiting
- Diarrhea/constipa
- Dysuria

Infectious

- Recent travel
- Sick contacts
- Rash/itching

Msk

- Stiffness
- Joint pain
- Muscle pain

- MRI sheet
- Home meds
- Code status
- Allergies

PSHx

Meds:

	q	mg
	q	mg
	q	mg
	q	mg
	q	mg
	q	mg
	q	mg
	q	mg

Social history:

- Lives with _____ Occupation _____
- ADLs _____
- Smoking: _____ cig, For _____ years, Quitted _____ years ago
- Alcohol: _____ glasses, For _____ years, Quitted _____ years ago
- Marijuana:
- Drug use:

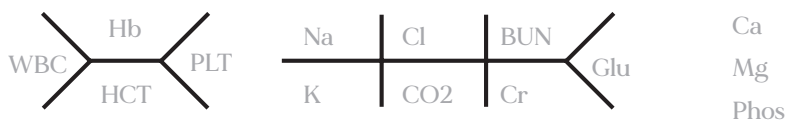
Family history:

- Stroke Heart disease Brain tumors

VS: T _____, BP _____, HR _____, RR _____, O2sat _____, FS _____

- Orthostatic vitals
- Dix Hallpike
- Nystagmus
- Head turn test
- Cover/uncover

	BP	HR
Lay		
Stand		



CTH

3- Ey

Name

Age

Admitted to

for

Consulted for

Hand dominance R L

- R eye L eye
- Blurring or double?
- Onset?
- Sudden or gradual?
- Improving or getting worse
- Curtain? Down, up, or sides
- If double, vertical or horizontal
- Variability of symptoms?
- Worsen by end of day?
- Improves with closing one eye?
- Pain with eye movement?
- Redness or discharge?
- Eye/head trauma
- Are able to read?
- HA: onset, site, progression, radiation, __/10
- Back or neck pain
- Fecal/Urinary inc
- Weakness
- Numbness
- Recently sick
- Recently insect/tick bite
- Recent travel
- Recently vaccine
- Contraceptive/testosterone use

Previous work up

- Ophthalmology check up?
- Glasses? Last checked?

MRN

PMHx

- HTN DM
- HLD Stroke
- Migraine
- Cataract
- Glaucoma

General

- Fever/chills
- Weight loss

Neuro

- Headache
- Dizziness
- Vision
- Hearing
- Tinnitus
- Speech/slurred
- Swallowing
- Numbness
- Weakness
- Neck/back pain
- Seizure/LOC
- Saddle anesthesia
- Memory issues
- Gait/balance
- Incontinence

CVS/Resp

- Chest pain
- Palpitations
- Cough
- SOB

GI/GU

- Nausea/vomiting
- Diarrhea/constipation
- Dysuria

Infectious

- Recent travel
- Sick contacts
- Rash

Msk

- Stiffness
- Joint pain
- Muscle pain

- MRI sheet
- Home meds
- Code status
- Allergies

PSHx

Meds:

	mg	q
	mg	q
	mg	q
	mg	q
	mg	q
	mg	q
	mg	q
	mg	q

Social history:

- Lives with Occupation ADLs
- Ambulation baseline (cane/walker/wheelchair):
- Mental status baseline: AAOx_____

- Smoking: _____ cig, For _____ years, Quitted _____ years ago

- Alcohol: _____ glasses, For _____ years, Quitted _____ years ago

- Marijuana:
- Drug use:

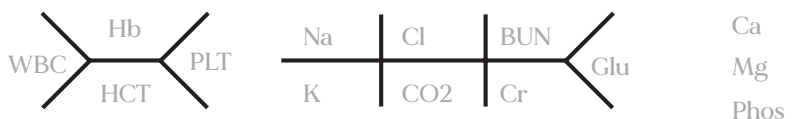
Family history:

- Stroke Neurological disorders Brain tumors

VS: T , BP , HR , RR , O2sat , FS

Exam:

- Temporal tenderness
- VF Eye movement
- Pupils APD
- Ptosis Fatiguable ptosis Fatiguable diplopia
- Fundoscopy Ice Pack test (3 mins)



CTH

4- HA

Name

Age

Admitted to

for

Consulted for

- Site
- Sudden gradual
- Onset: _____ d/m/y
- Severity: /10
- Constant or intermittent
- Character
- Radiation
- Relieved by
- Aggreviated by:
 - Change of postion
 - Morning?
 - Cough
 - Valsava
- N/V:
- Aura
- Photophobia Phonophobia:
- Vision:
- Head injury

Previous headache features:

Previous work up

MRN

PMHx

- HTN DM
- HLD Stroke
- Migraine

General

- Fever/chills
- Weight loss

Neuro

- Head injury
- Headache
- Dizziness
- Vision
- Hearing
- Tinnitus
- Speech/slurred
- Swallowing
- Numbness
- Weakness
- Neck/back pain
- Seizure/LOC
- Saddle anesthesia
- Memory issues
- Gait/balance
- Incontinence

CVS/Resp

- Chest pain
- Palpitations
- Cough
- SOB

GI/GU

- Nausea/vomiting
- Diarrhea/constipation
- Dysuria

Infectious

- Recent travel
- Sick contacts
- Rash

Msk

- Stiffness
- Joint pain
- Muscle pain

PSHx

Meds:

	q	mg
	q	mg
	q	mg
	q	mg
	q	mg
	q	mg
	q	mg
	q	mg

Social history:

- Lives with _____ Occupation _____
- ADLs _____

Smoking: _____ cig, For _____ years, Quitted _____ years ago

Alcohol: _____ glasses, For _____ years, Quitted _____ years ago

Marijuana:

Drug use:

Family history:

- Stroke Heart disease Brain tumors

VS: T _____, BP _____, HR _____, RR _____, O2sat _____, FS _____

MS: AOx3, follow 3 steps commands/ memory/ weekdays backwards

CN: Pupils, VF, face sensation, nystagmus

Motor: Bulk/ Tone/Drift/Power

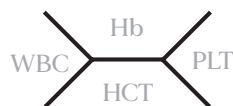
Sensory: PP, vibration, proprioception

Reflexes: plantar reflex/clonus

Coordination: FNF/ HTS

Gait: Tandem gait/ tiptoe/ heel/ Romberg neg

- MRI sheet
- Home meds
- Code status
- Allergies



Ca
Mg
Phos

CTH

5- SZ

Name

Age

Admitted to

for

Consulted for

RHD LHD

- When?
- Eyes
- Foaming
- Tongue biting
- Limbs
- LOC
- How long?
- Confusion?
- Aura?
- UI/BI
- Triggers:
 - Missed meds
 - Sleep
 - Stress
 - Recently sick

- Last seizure?
- How many during last year?
- Head injury
- Recent change of meds
- Meningitis
- Encephalitis
- Febrile seizures
- Baseline ambulation
- Baseline mental status: AAOx____, conversation, financial, bathroom, shower, cooking, groceries, getting lost
- Weight _____

Previous seizures semiology

Previous work up:

- Neurologist name? Phone number
- Diagnosis?
- EEG?
- Imaging?

MRN

PMHx

- HTN DM
- HLD Stroke
- Migraine
- Epilepsy

General

- Fever/chills
- Weight loss

Neuro

- Headache
- Dizziness
- Vision
- Hearing
- Tinnitus
- Speech/slurred
- Swallowing
- Numbness
- Weakness
- Neck/back pain
- Seizure/LOC
- Saddle anesthesia
- Memory issues
- Gait/balance
- Incontinence

CVS/Resp

- Chest pain
- Palpitations
- Cough
- SOB

GI/GU

- Nausea/vomiting
- Diarrhea/constipation
- Dysuria

Infectious

- Recent travel
- Sick contacts
- Rash

Msk

- Stiffness
- Joint pain
- Muscle pain

- MRI sheet
- Home meds
- Code status
- Allergies

PSHx

Meds:

	mg	q
	mg	q
	mg	q
	mg	q
	mg	q
	mg	q
	mg	q
	mg	q

Social history:

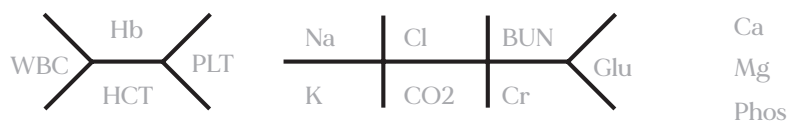
- Lives with _____ Occupation _____
- ADLs _____
- Smoking: _____ cig, For _____ years, Quitted _____ years ago
- Alcohol: _____ glasses, For _____ years, Quitted _____ years ago
- Marijuana: _____
- Drug use: _____

Family history:

- Stroke Brain tumors Epilepsy

VS: T _____, BP _____, HR _____, RR _____, O2sat _____, FS _____

MS: AOx3, follow 3 steps commands/ memory/ weekdays backwards
CN: Pupils, VF, face sensation, nystagmus
Motor: Bulk/ Tone/Drift/Power
Sensory: PP, vibration, proprioception
Reflexes: plantar reflex/clonus
Coordination: FNF/ HTS
Gait: Tandem gait/ tiptoe/ heel/ Romberg neg



CTH

6- WK

Name

Age

Admitted to

for

Consulted for

- RHD LHD
- Where?
- Onset?
- Sudden or gradual
- Improving or getting worse
- Numbness
- Muscle cramps / pain
- How many blocks you walk?
- Improves with activity
- Difficulty standing
- Difficulty going up stairs
- Difficulty combing hair
- Difficulty opening jars / bottles/ door knobs
- Tremor
- Back or neck pain
- Urinary inc
- Fecal inc

- Tick bite
- Recently sick
- Recent travel
- Recently vaccine
- Contraceptive/testosterone use

- Baseline:
- Ambulation:
- Mental status: AAOx_____
- Cooking bath shower cooking finance groceries
- going out conversatiion

Previous work up

MRN

PMHx

- HTN DM
- HLD Stroke
- Migraine
- Epilepsy

General

- Fever/chills
- Weight loss

Neuro

- Headache
- Dizziness
- Vision
- Hearing
- Tinnitus
- Speech/slurred
- Swallowing
- Numbness
- Weakness
- Neck/back pain
- Seizure/LOC
- Saddle anesthesia
- Memory issues
- Gait/balance
- Incontinence

CVS/Resp

- Chest pain
- Palpitations
- Cough
- SOB

GI/GU

- Nausea/vomiting
- Diarrhea/constipation
- Dysuria

Infectious

- Recent travel
- Sick contacts
- Rash

Msk

- Stiffness
- Joint pain
- Muscle pain

PSHx

Meds:

	mg	q
	mg	q
	mg	q
	mg	q
	mg	q
	mg	q
	mg	q
	mg	q

Social history:

- Lives with _____ Occupation _____
- ADLs _____
- Smoking: _____ cig, For _____ years, Quitted _____ years ago
- Alcohol: _____ glasses, For _____ years, Quitted _____ years ago
- Marijuana: _____
- Drug use: _____

Family history:

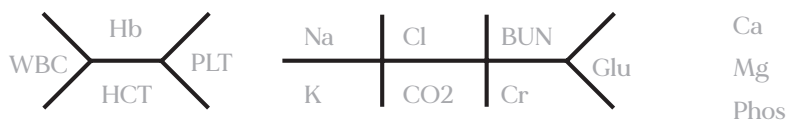
- Stroke Heart disease Brain tumors Epilepsy

VS: T _____, BP _____, HR _____, RR _____, O2sat _____, FS _____

Exam:

- Counting to 20
- Neck F/E, rotation
- Fatigable testing
- Anal tone

- MRI sheet
- Home meds
- Code status
- Allergies



CTH

7- Str

Code time : ____:____

Name _____

Age _____

MRN _____

LKW: ____:____

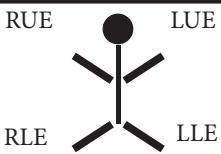
HTN DM

P/w:

Stroke Migraine

Epilepsy Afib

VS: T _____, BP _____, HR _____, RR _____, O2sat _____, FS _____

	1a. LOC	0 = Alert keenly responsive 1 = Not Alert but arousable by minor stimulation to obey, answer, respond 2 = Not Alert; requires repeat stimulation, obtunded, requires strong stimuli 3 = Reflex motor or autonomic effects response, totally unresponsive, flaccid	
	1b. LOC Questions. Month Age	0 = Answers both questions 1 = Answers one question 2 = Answers none	
★	1c. LOC Commands. Open & close eyes Grip & release	0 = Performs both tasks 1 = Performs one task 2 = Performs none	
★	2. Best Gaze. Horizontal plane Oculocephalic	0 = Normal 1 = Partial Gaze Palsy; no forced deviation or total gaze paresis 2 = Forced deviation; total gaze paresis not overcome by oculocephalic man.	
★	3. Visual fields (quad- rants) Finger counting Visual threat	0 = No visual loss 1 = Partial hemianopia 2 = Complete hemianopia 3 = Bilateral hemianopia (including cortical blindness).	
	4. Facial Palsy. Show teeth Raise eyebrows	0 = Normal symmetrical movement 1 = Minor paralysis (flattened nasolabial fold, asymmetry on smiling) 2 = Partial paralysis (total or near total paralysis of lower face) 3 = Complete paralysis of one or both sides (no upper/lower face mvmt).	
	5. Motor Arm. Palm down 90o (if sitting) 45o (if supine) For 10/5 seconds.	0 = No drift; for full 10/5 seconds 1 = Drift, but does not hit bed 2 = Some effort against gravity, but hit bed. 3 = No effort against gravity, limb falls 4 = No movement	
	7. Limb Ataxia. Finger – nose & heel – shin	0 = Absent 1 = Present in one limb 2 = Present in two limbs	
	8. Sensory. Sensation or grimace to pin	0 = Normal 1 = Mild/moderate sensory loss; may be dulled/"Not as sharp" 2 = Severe/total sensory loss; not aware of face/arm/leg being touched.	
★	9. Best Language. Explain picture Naming Reading	0 = No aphasia, normal 1 = Mild / moderate aphasia; but can identify what is happening in picture) 2 = Severe aphasia; (cannot identify pictures) 3 = Mute; global aphasia; no usable speech; or auditory comprehension	
	10. Dysarthria. Read or repeat words from list.	0 = Normal articulation 1 = Mild / Moderate; slurs some words; understood w/some difficulty. 2 = Severe, unintelligible; mute/anarthric	
★	11. Extinction & Inattention.	0 = No abnormality 1 = VExtinction & Inattention in one sensory modalities. 2 = Profound hemi-inattention or inattention to more than one modality; does not recognize own hand; orients to only one side of space.	
		TOTAL _____	



- RHD LHD
- Where is the weakness?
- Onset?
- Sudden or gradual
- Improving or getting worse
- Muscle cramps / pain
- Improves with activity
- Difficulty standing
- Difficulty going up stairs
- Difficulty combing hair/ door knobs
- Numbness
- Back or neck pain
- Urinary inc
- Fecal inc
- Recently sick
- Tick bite
- Recent travel
- Recently vaccine
- Contraceptive/testosterone use
- Baseline:
- Ambulation:
- Mental status: AAOx_____
- Cooking bath shower cooking finance groceries going out conversation

General

- Fever/chills
- Weight loss

Neuro

- Headache
- Dizziness
- Vision
- Hearing
- Tinnitus
- Speech/slurred
- Swallowing
- Numbness
- Weakness
- Neck/back pain
- Seizure/LOC
- Saddle anesthesia
- Memory issues
- Gait/balance
- Incontinence

CVS/Resp

- Chest pain
- Palpitations
- Cough
- SOB

GI/GU

- Nausea/vomiting
- Diarrhea/constipation
- Dysuria

Infectious

- Recent travel
- Sick contacts
- Rash

Msk

- Stiffness
- Joint pain
- Muscle pain
- MRI sheet
- Home meds
- Code status
- Allergies

Meds:

	mg	q
	mg	q
	mg	q
	mg	q
	mg	q
	mg	q

Social history:

- Lives with _____ Occupation _____
- Smoking: _____ cig, For _____ years, Quitted _____ years ago
- Alcohol: _____ glasses, For _____ years, Quitted _____ years ago
- Marijuana:
- Drug use:

Family history:

- Stroke Heart disease Epilepsy



CTH

CODE TIME	AGE/SEX	PMH	CODE TIME	AGE/SEX	PMH
LKW		BP	LKW	C/O	BP
NIHSS		FS	NIHSS		FS
CTH		Ac?	CTH		Ac?
CTAHN			CTAHN		
CTP			CTP		

PLAN	NOK	PLAN	NOK
	MRI SAFETY		MRI SAFETY
	SWALLOW		SWALLOW

CODE TIME	AGE/SEX	PMH	CODE TIME	AGE/SEX	PMH
LKW	C/O	BP	LKW	C/O	BP
NIHSS		FS	NIHSS		FS
CTH		Ac?	CTH		Ac?
CTAHN			CTAHN		
CTP			CTP		

PLAN	NOK	PLAN	NOK
	MRI SAFETY		MRI SAFETY
	SWALLOW		SWALLOW