Neurological Assessment

HISTORY

Date _____ Time _____

First Name _____ MI ____ Last Name _____

CONDUCT F A S T (check areas of abnormal findings)

☐ Facial Symmetry ☐ Arms ☐ Speech/Sudden Headache ☐ Time(activate EMS)

COMPLETE S A M P L E (note responses in spaces provided)

Signs and Symptoms _____

Allergies _____

Medications _____

Pre-existing conditions _____

Last oral intake (what and time) _____

Events leading up to incident _____

FOR DIVERS

Dives during previous 24 hours

Last dive – Depth _____ Bottom Time _____ Breathing Gas _____
Surface interval _____

Previous dive – Depth _____ Bottom Time _____ Breathing Gas _____
Surface interval _____

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Surface interval _____

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Surface interval _____

Previous dive – Depth _____ Bottom Time _____ Breathing Gas _____
Surface Interval _____

Unusual features of any dive _____

Did the diver use (check as applicable) ☐ Computer ☐ Dive Tables ☐ Other

Location of any pain _____

Does movement change level of pain? (circle one) Yes No

NOTE: attach dive buddy and/or witness comments: _____

Neuro

DAN SOUTHERN AFRICA

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Neurological Assessment

VITAL SIGNS

Pulse _____ Respiration rate _____

MENTAL FUNCTION

Consciousness (check one)

- ☐ Alert
- ☐ Verbal
- ☐ Pain
- ☐ Unresponsive

Orientation (check erroneous answers)

- ☐ What is your name?
- ☐ Where are you?
- ☐ What is the day and time?
- ☐ Why are you here?

Ability to follow commands (check one) ☐ Yes ☐ No
"Stick out your tongue and close your eyes."

Name 3 objects (able to complete – check one) ☐ Yes ☐ No

Abstract reasoning (able to explain relationship) ☐ Yes ☐ No
Ex.: Father/Son Student/Teacher Pencil/Paper

Calculations - count backwards from 100 in 7s (circle misses)

93	86	79	72	65	58	51	44	37	30	23	16	9	2

Memory - recall of 3 items identified earlier (check one) ☐ Yes ☐ No

CRANIAL NERVES

	Left	Right	Up	Down
Eyes (circle any direction unable to look)				
Facial Symmetry "Close your eyes and smile"	☐ Yes		☐ No	
Hearing symmetrical from about 30 cm	☐ Yes		☐ No	

MOTOR FUNCTION

Scale (note in blank next to area): Normal(N) Weak(W) Paralysis(P)

Upper Body	Shoulders	L ____ R ____	**Lower Body**	Hip-flexors	L ____ R ____
	Biceps	L ____ R ____		Quadriceps	L ____ R ____
	Triceps	L ____ R ____		Hamstrings	L ____ R ____
	Finger spread	L ____ R ____		Foot – up	L ____ R ____
	Grip strength	L ____ R ____		Foot – down	L ____ R ____

COORDINATION AND BALANCE

Able to complete:	Finger – Nose – Finger (check one)	☐ Yes	☐ No	
	Walk (check one)	☐ Normal	☐ Wobbly	☐ Unable
	Romberg (check one)	☐ Yes	☐ No	

EXAM REPEATED

Time _____ Comments _____

Time _____ Comments _____

Neuro