

# Neurological Nursing Assessment Form

## PATIENT INFORMATION

Name

Date of Birth

Medical Record Number

Assessment Date

Time

Assessed by

## LEVEL OF CONSCIOUSNESS

Consciousness Level

Description

## PUPIL ASSESSMENT

Pupil Size (Left)

Reaction to Light (Left)

Pupil Size (Right)

Reaction to Light (Right)

## MOTOR RESPONSE

Strength (Left Upper Limb)

Strength (Right Upper Limb)

Strength (Left Lower Limb)

Strength (Right Lower Limb)

Facial Symmetry

## SENSORY RESPONSE

Response to Touch/Pain

## SPEECH

Speech Description

## CRANIAL NERVE ASSESSMENT

Cranial Nerve Findings

## GLASGOW COMA SCALE (GCS)

Eye Opening (E)

Verbal Response (V)

Motor Response (M)

Total Score

VITAL SIGNS

Blood Pressure

Pulse

Temperature

Respiratory Rate

OTHER OBSERVATIONS

Notes