NEUROLOGY INPATIENT CONSULTATION
(Please place in the consultation section of chart)

Reason for consult: ___________________________ Requested by: ___________________________

HPI:

PMH:

Allergies: □ NKDA

Meds:

Family Hx and Social Hx: Father: ___________________________ Mother: ___________________________
Smoking: ________ Alcohol: ________ Illicit Drugs: ________

ROS:

Cardiovascular/Respiratory: CP, SOB, PND, palpitations Cough hemoptysis, wheezing

Const: lack of energy, weight gain, weight loss, fevers, sweats, chills, dizziness

Ear: Tinnitus, hearing loss, poor hearing, vertigo

Endo: diabetes, heat/cold Intolerance, thirst

Skin: rash, pruritis, purpura

Eyes: Visual loss (L or R), double vision, blurry vision, redness, itching, pain, spots

GI: Nausea, vomiting, blood or black stools, dyspepsia, ulcers, constipation

GU: Incontinence, hesitancy, dribbling, change in libido, sexual dysfunction

Musculoskeletal: Joint pain, muscle pain

Neuro: Weak, numb, seizures, poor memory, trouble walking, tremor, headaches

Psychiatric: sad mood, hallucinations, suicidal ideation, anxiety

Other: ___________________________


Pleasant, in no acute distress

Obese

No dry mouth

NC/AT

Conjunctiva, sclera clear

No sinus tenderness

No palpable cervical nodes

RRR, no murmur

No carotid bruit

No ankle edema

Lungs CTA

No HSM

Neurological exam: Mental Status: □ Normal: orientated to time, person, and place, good recent and long-term memory, normal language, attention and concentration, and adequate fund of knowledge. MMSE: _______ □ Items above performed normal except: ___________________________
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Cranial nerves: ☐ Intact: VFT, PER, optic discs sharp, EOMI, Facial sensation and expression symmetric, VOR intact, hearing within normal limits for age, palate midline, normal gag/cough, shoulder shrug strong, tongue midline
☐ Items above performed normal except:

Motor: ☐ Normal bulk and tone throughout. ☐ No weakness in UE/LE bilaterally. ☐ No drift/orbit. ☐ Items above normal except:
SAb, EF, EE, WF, WE, FE, Grip, HF, LAd, KF, KE, DF, PF

Reflexes:
Left
Right

Sensory: ☐ Proprioception, vibration sensation, and temp/PP sensation WNL.
☐ Items above normal except:

Coordination and gait: ☐ No dysmetria or ataxia; normal gait. ☐ Negative Romberg. ☐ Items above normal except:

Pertinent data: ☐ I personally viewed the imaging studies and reviewed the lab results. ☐ CT/ MRI

IMPRESSION: ☐ See dictated consult.

PLAN:

Further history was obtained from ____________________________.
☐ Patient was seen with house officer, Dr.
☐ I reviewed his/her note and agree with the assessment and plan. ☐ I personally obtained the history, performed the exam, and made recommendations for the management and care of this patient.
☐ I spent _______ minutes counseling the patient/family. ☐ in discussion with other physicians.

KEY:
SAb = Shoulder Abduction
EF = Elbow Flexion
EE = Elbow Extension
WF = Wrist Flexion
WE = Wrist Extension
Grip = Grip
HF = Hand Flexion
LAd = Leg Abduction
KF = Knee Flexion
KE = Knee Extension
AF = Ankle Dorsiflexion
PF = Ankle Plantar Flexion

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WHTF: MEDICAL RECORDS
YELLOW: NEUROLOGY