

NEUROLOGICAL EXAM FEEDBACK FORM

Student: _____ Date: _____ Resident: _____

You will be required to hand in this form or a copy to the clerkship administrator by the 2nd Thursday of your rotation. Have resident fill-out the form and review the comments. For students on Neurosurgery, you should have this done by the Neurology teaching resident or chief resident. This form is required, and serves as instant feedback for you. If you are having trouble finding a time to do this with your resident, let the clerkship director know at your next meeting.

	Needs Improvement	Satisfactory	Exemplary	
1) Introduced self to patient and others in the room	1	2	3	N/A
2) Demonstrates concern for patient comfort and modesty	1	2	3	N/A
3) Positions the patient properly	1	2	3	N/A
4) Uses instruments correctly	1	2	3	N/A
5) Follows a logical sequence of examination	1	2	3	N/A
6) Modifies the exam to adapt to the patients limitations	1	2	3	N/A
7) Focuses on most relevant parts of the exam	1	2	3	N/A
8) Examines each of the following correctly				
a) Mental Status	1	2	3	N/A
b) Language	1	2	3	N/A
c) Cranial Nerves	1	2	3	N/A
d) Motor	1	2	3	N/A
e) Reflexes	1	2	3	N/A
f) Sensory	1	2	3	N/A
g) Coordination	1	2	3	N/A
h) Station and Gait	1	2	3	N/A
OVERALL EVALUATION	1	2	3	N/A

Formative Comments:
