

# NEUROSENSORY EXAMINATION

## PRELIMINARY NEUROLOGIC EXAMINATION

Name: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Subjective Symptoms: \_\_\_\_\_

\_\_\_\_\_

**Clinical Findings:**

Temperature +   -

Pain (pin prick – measure & diagram) +   -

Pressure (pin prick, pinch reflex) +   -

Touch (brush) +   -

Touch (Von Freys Hairs)

Normal Side \_\_\_\_\_

Abnormal Side \_\_\_\_\_

Direction ↕

Two Point Discrimination & Localization +   -

(normal = \_\_\_\_\_ mm)

(test = \_\_\_\_\_ mm)

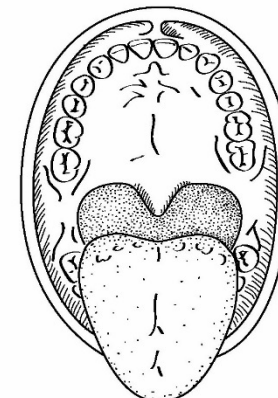
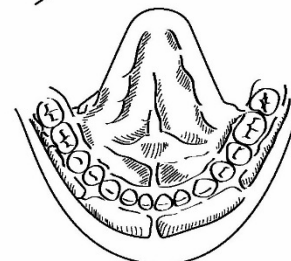
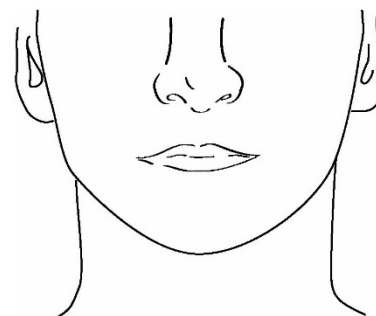
Taste

Sweet +   -

Salt +   -

Sour +   -

Bitter +   -



**Paresthesia:** abnormal sensation that is not unpleasant

**Dyesthesia:** abnormal sensation that is unpleasant

**Anesthesia:** complete loss of sensation

Descriptive Symptoms (Paresthesia, etc.): \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

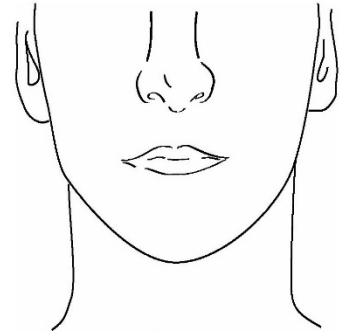
CBCT Radiograph: \_\_\_\_\_

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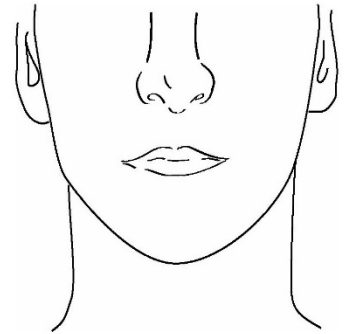
FOLLOW - UP NEUROLOGIC EXAMINATION

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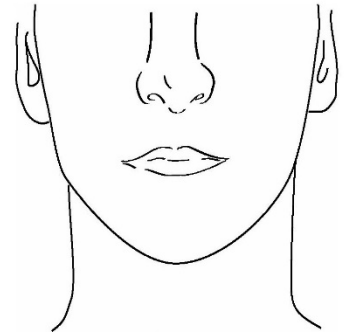
Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Symptoms: \_\_\_\_\_  
Pin: \_\_\_\_\_  
Temp: \_\_\_\_\_  
Brush: \_\_\_\_\_  
Von Freys \_\_\_\_\_  
2 pt. discrimination: \_\_\_\_\_  
Pressure: \_\_\_\_\_  
Comment: \_\_\_\_\_



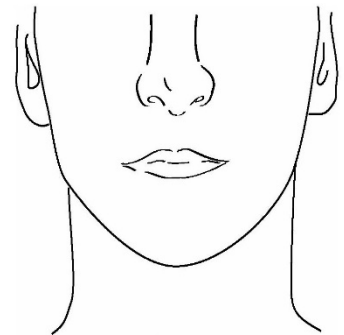
Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Symptoms: \_\_\_\_\_  
Pin: \_\_\_\_\_  
Temp: \_\_\_\_\_  
Brush: \_\_\_\_\_  
Von Freys \_\_\_\_\_  
2 pt. discrimination: \_\_\_\_\_  
Pressure: \_\_\_\_\_  
Comment: \_\_\_\_\_



Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Symptoms: \_\_\_\_\_  
Pin: \_\_\_\_\_  
Temp: \_\_\_\_\_  
Brush: \_\_\_\_\_  
Von Freys \_\_\_\_\_  
2 pt. discrimination: \_\_\_\_\_  
Pressure: \_\_\_\_\_  
Comment: \_\_\_\_\_



Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Symptoms: \_\_\_\_\_  
Pin: \_\_\_\_\_  
Temp: \_\_\_\_\_  
Brush: \_\_\_\_\_  
Von Freys \_\_\_\_\_  
2 pt. discrimination: \_\_\_\_\_  
Pressure: \_\_\_\_\_  
Comment: \_\_\_\_\_

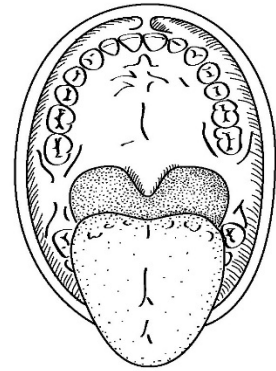


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FOLLOW - UP NEUROLOGIC EXAMINATION

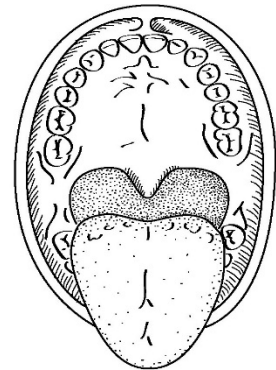
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Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Symptoms: \_\_\_\_\_  
Pin: \_\_\_\_\_  
Temp: \_\_\_\_\_  
Brush: \_\_\_\_\_  
Von Freys \_\_\_\_\_  
2 pt. discrimination: \_\_\_\_\_  
Pressure: \_\_\_\_\_  
Comment: \_\_\_\_\_



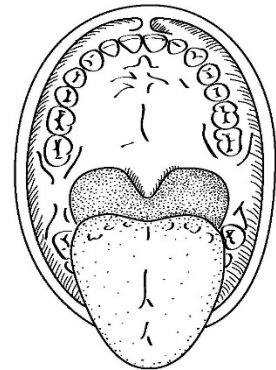
Sweet  
Salt  
Bitter  
Sour

Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Symptoms: \_\_\_\_\_  
Pin: \_\_\_\_\_  
Temp: \_\_\_\_\_  
Brush: \_\_\_\_\_  
Von Freys \_\_\_\_\_  
2 pt. discrimination: \_\_\_\_\_  
Pressure: \_\_\_\_\_  
Comment: \_\_\_\_\_



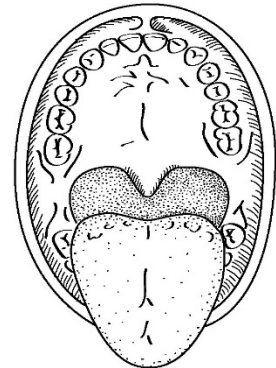
Sweet  
Salt  
Bitter  
Sour

Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Symptoms: \_\_\_\_\_  
Pin: \_\_\_\_\_  
Temp: \_\_\_\_\_  
Brush: \_\_\_\_\_  
Von Freys \_\_\_\_\_  
2 pt. discrimination: \_\_\_\_\_  
Pressure: \_\_\_\_\_  
Comment: \_\_\_\_\_



Sweet  
Salt  
Bitter  
Sour

Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Symptoms: \_\_\_\_\_  
Pin: \_\_\_\_\_  
Temp: \_\_\_\_\_  
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Von Freys \_\_\_\_\_  
2 pt. discrimination: \_\_\_\_\_  
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Sweet  
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