

GOMEL STATE MEDICAL UNIVERSITY

Neurology and neurosurgery department

CASE HISTORY

Patient's full name:

Principal diagnosis:

Concomitant disorders:

Head of the Department: N.N. Usova, M. D.

Teacher:

Student's full name: _____ group _____ course

Observation started _____ 20__

Observation ended _____ 20__

Gomel, 2021

1. RECORD DATA

- Patient's full name:
- Date of birth:
- Marital status:
- Personal address:
- Admission date:
- Principal diagnosis:
- Sex:
- Place of employment, occupation:
- Discharge date:

2. PATIENT'S COMPLAINS

- Nervous system:
- Other complains:

3. HISTORY OF PRESENT ILLNESS

4. LIFE HISTORY

- Heredity, family and social history:
- Past medical history:
- Operations and traumas:
- Gynecological history:
- Harmful habits :
- Allergic anamnesis:

5. PHYSICAL EXAMINATION

General condition

- Level of consciousness: alert stuporous sopor coma
- Weight _____ kg. ● Height _____ cm. ● Temperature _____ °C.
- Body mass index: _____ kg/m²

Respiratory system

- Respiration rate _____ /min ● Respiration rhythm:
- Breath sounds:

Cardiovascular system

- Heart sounds: ● Heart rate _____ /min
- Blood pressure _____ / _____ mm Hg.

Gasrointestinal system

Genitourinary system

Endocrine system

6. NEUROLOGICAL EXAMINATION

- Consciousness (Glasgow coma scale):

Eye opening response	Verbal response	Motor response
<input type="checkbox"/> 4- spontaneously <input type="checkbox"/> 3- to verbal command <input type="checkbox"/> 2- to pain <input type="checkbox"/> 1- no response	<input type="checkbox"/> 5- orientated <input type="checkbox"/> 4- confused <input type="checkbox"/> 3- inappropriate words <input type="checkbox"/> 2- incomprehensible sounds <input type="checkbox"/> 1- no response	<input type="checkbox"/> 6- obeys commands <input type="checkbox"/> 5- localizes pain <input type="checkbox"/> 4- withdraws to pain <input type="checkbox"/> 3- flexion to pain <input type="checkbox"/> 2- extension to pain <input type="checkbox"/> 1- no response
Total score:		

Higher cerebral functions

Emotional state, mentality, cognitive skills, memory, thinking, behaviour, speech, praxis, stereognosis, gnosis, writing skills, reading, calculation, sleep.

Cranial nerves

- *Olfactory nerve (I)*

Sense of smell:

Quantitative abnormalities (anosmia, hyposmia, hyperosmia):

Qualitative abnormalities (dysosmia) :

Olfactory delusions, hallucinations, olfactory agnosia:

- *Optic nerve (II)*

Visual acuity: OD - OS -

Visual fields:

Ophthalmoscopy:

- without pathological findings
- optic disc swelling
- optic neuritis
- optic atrophy: partial total

Color vision:

- normal
- achromatopsia (color blindness)
- daltonism
- dyschromatopsia

Visual hallucinations:

- *Oculomotor nerve (III)*

Ptosis: D S

Ocular motility OD - OS -

Pupil's characteristics	Right pupil	Left pupil
Size (mm)		
Shape		
Direct reaction to light		
Consensual reaction to light		
Reaction to accommodation		

Divergent strabismus

Exophthalmus: OD OS

- *Trochlear nerve (IV)*

Ocular motility OD - OS -

Convergent strabismus

- *Trigeminal nerve (V)*

Palpation of the trigeminal nerve exit points:

Facial sensation

- in the areas supplied by the three branches of the trigeminal nerve:
- in Solder's dermatoms:

Sensation of the tunica mucosa of mouth and anterior 2/3 of the tongue:

Palpation of the temporal and masticatory muscles:

Motility of the lower jaw:

Corneal, supraorbital, jaw jerk reflexes:

Diplopia:

Convergence:

Diplopia:

- *Abducens nerve (VI)*

Ocular motility OD - OS -

Convergent strabismus: Diplopia:

- *Facial nerve (VII)*

Face: symmetric asymmetric Nasolabial folds:

Ability to:	Right side of the face	Left side of the face
<ul style="list-style-type: none"> - wrinkle the forehead - contract the eyebrows - close the eyes - show both upper and lower teeth - smile - whistle - puff out both cheek 		

Lagophthalmos , Bell's symptom, lacrimation, xerophthalmus, hyperacusis , facial muscle contracture:

Taste on the anterior 2/3 of the tongue: Salivation:

- *Auditory and vestibular nerves (VIII)*

Hearing: AD — AS —

Hearing disorders (hypoacusia, anacusia, hyperacusia, Auditory hallucinations, agnosia):

Nystagmus: Vertigo:

Vestibular ataxia:

- *Glossopharyngeal nerve (IX)*

Swallowing: normal dysphagia

Gag reflex: Taste on the posterior 1/3 of the tongue:

Pain and temperature sensation on the posterior 1/3 of the tongue, soft palate, pharynx :

- *Vagus nerve (X)*

Voice: normal dysphonia Palatal reflex:

Pain and temperature sensation on the soft palate, pharynx, larynx:

- *Accessory nerve (XI)*

Muscles	Muscle strength	
	D (right side)	S (left side)
sternocleidomastoid muscle		
trapezius muscle		

Fibrillary contractions:

- *Hypoglossal nerve (XII)*

Tongue muscles atrophy, fibrillary contractions, tongue deviation:

Dysarthria:

Motor system

Limbs	Active range of motion		Passive movements	
	Right side	Left side	Right side	Left side
Upper				
Lower				

Limbs	Muscle tone		Muscle strength	
	Right side	Left side	Right side	Left side
Upper				
Lower				

Barré test - upper limbs:

- lower limbs:

Atrophies:

Reflexes

Tendon reflexes	D (right side)	S (left side)
Biceps (C ₅ -C ₆)		
Triceps (C ₇ -C ₈)		
Brachioradial (C ₅ -C ₈)		
Knee (L ₂ -L ₄)		
Achilles (S ₁ -S ₂)		

Superficial reflexes	D (right side)	S (left side)
Upper abdomen (Th ₇ –Th ₈)		
Middle abdomen (Th ₉ –Th ₁₀)		
Lower abdomen (Th ₁₁ –Th ₁₂)		
Plantar reflex (L ₅ –S ₁)		

Pathological reflexes	D (right side)	S (left side)
Babinski		
Oppenheim		
Gordon		
Shaefer		
Rossolimo of the foot		
Bekhterev-Mendel		
Zhukovsky- Kornilov		
Rossolimo of the hand		
Patellar clonus		

Reflexes of oral automatism: snout reflex, distant snout reflex, Astvatsaturov's reflex, palmomentar reflex (Marinescu), compulsive weeping, compulsive laughter

Cerebellum functions examination

Nystagmus, scanning speech, megalographia:

Tests /symptoms	D (right side)	S (left side)
Finger-to nose test		
Finger-to finger test		
Heel-to-knee test		
Adiadochokinesis		
Hypermetria (pronator test)		
Dysmetria		

Schilder test		
Stewart-Holmes sign		

Romberg's test, complicated Romberg's test, babinski test, gait:

Extrapyramidal system examination

Hypertonic-hypokinetic syndrome (oligokinesia, bradikinesia, rigidity, "cogwheel" rigidity , tremor, akinesia, akathisia, acheiroparesis, forward-flexed posture, shuffling gait, propulsion, retropulsion, lateropulsion, changes in speech, micrographia, vegetative disorders, kinesia paradoxa , etc.):

Hypotonic-hyperkinetic syndrome (dystonia, chorea, athetosis, hemiballismus, myoclonus, tic disorders, etc.):

Meningeal syndrome

Meningeal posture, hyperesthesia neck stiffness, Kernig's sign:

Brudzinski sign: upper middle lower:

Sensation

Pain, temperature, tactile sensation, vibration:

Position sense, combined sensation (two point discrimination, stereognosis, traced figure identification):

Pain: causalgia, phantom limb pain .

Stretch symptoms	D (right side)	S (left side)
Lasègue's sign		
Wassermann's sign		
Mazkewitch's sign		
Neri's sign		
Dejerine's sign		

Orthopedic examination

Active range of motion in cervical and lumbosacral spine, scoliosis, smooth lumbar lordosis, palpation of the spinous processes and paravertebral muscles, viens of the rhomb of Michaelis, gait.

Vegetative nervous system examination

Symptoms	Patient's reactions
Coloring	
Dermographism	
Body temperature	
Cold tolerance	
Heat tolerance	
Body weight	
Appetite	
Pulse rate	
Blood pressure	
Vertigo	
Respiratory rate	
Intestinal motility	
Urination	
Temperament	
Sleep	
Physical working capacity	
Mental functions	
Orthostatic test	
Clinostatic test	
Assessment	

Investigations

Complete blood count

Item / Date	Result	Units
WBC		$\times 10^9/l$
RBC		$\times 10^{12}/l$
Hemoglobin		g/l
Hematocrit		%
Platelets		$\times 10^9/l$
Neutrophils: -stab		%
- segmental		%
Lymphs		%
Monocytes		%
Eosinophils		%

Basophils		%
ESR		mm/h

Assessment:.....

Biochemical blood analysis

Item / Date	Result	Units
Albumin		g/l
Total protein		g/l
Urea		mm/l
Creatinine		mkm/l
Cholesterol		mm/l
Bilirubin		mkm/l
Glucose		Mm/l
ALT		u/l
AST		u/l
Creatine phosphokinase		u/l

Assessment:

Urine analysis, CSF
ECG
Neurovisualisation (CT, MRI)
Other investigation techniques and subspecialty consultations

7. TREATMENT

Nº	Drug	Dosage	Frequency of administration	Route
1.				
2.				
3				

Nº	Name of the treatment	Number
1.	Acupuncture	
2.	Exercise therapy	
3.	Hyperbaric oxygenation	
4.	Plasmapheresis	
5.	Physiotherapy	

8. DIARIES

Date: _____ Patient's complains:

Respiration rate _____ /min

Breath sounds: _____ Pulse rate _____ /min ; blood pressure:

Neurological examination (describe the dynamics):

Student's signature _____

9. DIAGNOSTICS

Topical diagnosis

Differential diagnosis

Substantiation of the clinical diagnosis

10. EPICRISIS

Patient's full name: _____ Date of birth: _____ Personal adress: _____ Occupation: _____

Admission date: _____ Discharge date: _____

Principal diagnosis:

Concomitant disorders:

Patient's complains, medical history:

Neurological examination (only pathological changes):

Results of the investignations:

Treatment, prognosis, medical recommendations:

Student's signature _____

Vegetative nervous system examination

Symptoms	Sympathetic reactions	Parasympathetic reactions
Coloring	paleness	inclination to hyperaemia
Dermographism	white	red dermographism
Body temperature	elevation	reduction
Cold tolerance	satisfactorily	bad
Heat tolerance	bad	satisfactorily
Body weight	inclination to weight loss	body weight gain
Appetite	rise	loss
Pulse rate	labile tachycardia	bradycardia
Blood pressure	elevation	reduction
Vertigo	uncharacteristic	often
Respiratory rate	normal or tachypnoea	slow and deep
Intestinal motility	hypokinetic constipation, hyperperistalsis	hyperkinetic constipation, hypoperistalsis
Urination	polyuria, light-coloured urine	urinary urgency
Temperament	hyperexcitability, hyperactivity in the evening	sluggishness
Sleep	short-term, poor sleep quality	sleepiness
Physical working capacity	increased	decreased
Mental functions	absent-mindedness, hyperactivity in the evening	sustained attention, hyperactivity in the morning
Orthostatic test	relative heart acceleration	relatively decreased pulse
Clinostatic test	relatively decreased pulse	relative heart acceleration