

MR# 0

LAST NAME

VISIT DATE

FIRST NAME

MM / DD / YYYY

MM DD YYYY

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UF Memory and Cognitive Disorders Clinicians Packet #1 (\*\*UDS)

(Physical Examination, Neurological Examination, and Hachinski)

Weight (lbs)\*\*: Height (inches)\*\*: Respirations

BP: Pulse: (Standing)

BP\*\*: Pulse\*\*: (Sitting)\*\*

BP: Pulse: (Supine)

GENERAL

WD, WN, NAD

Empty box for general notes

HEENT

VFF EOMI PERRLA

Empty box for HEENT notes

NECK

No Carotid bruits
(R) Carotid bruit
(L) Carotid bruit

Empty box for NECK notes

LUNGS

CTA

Empty box for LUNGS notes

HEART

RRR
No Murmur
Murmur

Empty box for HEART notes

ABDOMEN

Soft without masses

Empty box for ABDOMEN notes

SKIN

No lesions

Empty box for SKIN notes

EXTREMITIES

Feet warm to touch
Distal pulses intact
No Clubbing/Cyanosis/Edema

Empty box for EXTREMITIES notes



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**(OFFICE USE ONLY)****NEUROLOGICAL EXAM** **MSE: AAO X 3 (except as noted below)**LOC:  Alert  Drowsy  Lethargic  StuporOrientation:  x3  x2  x1  x0 Comments: \_\_\_\_\_Attention:  Normal  Impaired **Memory: Normal (except as noted below)**Recent:  Intact personal +/- or news events  Impaired Comments: \_\_\_\_\_Remote:  Intact  Impaired Comments: \_\_\_\_\_Anterograde: Immediate  of 3 Delay  of 3 Repeat Delay  of 3False Positives **Language: Normal (except as noted below)**

	<u>Normal</u>	<u>Impaired</u>	<u>Comments</u>
Comprehension:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Naming:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Repetition:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fluency:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reading:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Writing:	<input type="checkbox"/>	<input type="checkbox"/>	_____

Paraphasic Errors:  Semantic (wrong word)  Phonemic (wrong sound in word)  Both  
Circumlocution (check if present)  **Speech\*\*: Normal (except as noted below)** Slight loss of expression, diction and/or volume.  Marked impairment, difficult to understand. Monotone, slurred but understandable; moderately impaired.  Unintelligible. **Limb Praxis: Normal (if all tested and normal):** Instruct patient to show (pantomime) use of tools after you give an example, using a key. Do not use finger as key; body part as tool is wrong. Ask, "Pretend to hold and use the following tools." Score is number correct.

TOOL	RIGHT HAND		LEFT HAND	
	CORRECT	COMMENTS	CORRECT	COMMENTS
1. Scissors	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Screwdriver	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Hammer	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Right Hand Praxis Score Left Hand Praxis Score Right Hand Total given (if less than 3) Left Hand Total given (if less than 3) 

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- Facial Praxis: Normal (if all tested and normal):** Instruct patient to perform the requested action. Ask, "Pretend to do the following." Score is number correct.

	CORRECT	COMMENTS
1. Drink through a straw.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Blow out a match.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Facial Praxis Score Total given (if less than 2) **Visuospatial (check all that apply)**

- Pentagons  Normal  Impaired Comments: \_\_\_\_\_  
 Clock  Normal  Impaired Comments: \_\_\_\_\_  
 Other  Normal  Impaired Comments: \_\_\_\_\_

- Neglect/Extinction: Absent**  Left  Right Comments: \_\_\_\_\_  
 Visual  Auditory  Somatosensory

- Emotional Prosody: Normal (except as noted below)**

Expressive:  Normal  Impaired Receptive:  Normal  Impaired Comments: \_\_\_\_\_**Contrasting Programs (check all that apply)**

- Cross Response Inhibition  Normal  Impaired SCORE   
 Go/No Go  Normal  Impaired SCORE   
 Fist/Edge/Palm  Normal  Impaired (Right)  Impaired (Left)  
 Hand Alternation  Normal  Impaired (Right)  Impaired (Left)  
 "Luria Figures"  Normal  Impaired

- Affect: Normal**

 Flat-Apathy  Depressed  Witzelsucht (jocularity)  Irritable  Euphoric  Other  N/A

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

- Behavior: No observed abnormalities**

 Abulia  Perseverative  Hyperactive  Hallucinations  Anosodiaphoria  
 Impersistence  Avoidance  Delusions  Anosognosia  Other \_\_\_\_\_

- Cranial Nerves: II - XII intact (except as noted below)**

- |      |   |               |
|------|---|---------------|
| I    | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | Comment _____ |
| II   | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | Comment _____ |
| III  | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | Comment _____ |
| IV   | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | Comment _____ |
| V    | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | Comment _____ |
| VI   | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | Comment _____ |
| VII  | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | Comment _____ |
| VIII | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | Comment _____ |
| IX   | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | Comment _____ |
| X    | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | Comment _____ |
| XI   | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | Comment _____ |
| XII  | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | Comment _____ |

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**(OFFICE USE ONLY)** **Motor: Normal (5/5, except as noted below)****Strength****Left****Right**

UE proximal	<input type="checkbox"/> (0-5)	<input type="checkbox"/> [ +/- ]	<input type="checkbox"/> (0-5)	<input type="checkbox"/> [ +/- ]
UE distal	<input type="checkbox"/> (0-5)	<input type="checkbox"/> [ +/- ]	<input type="checkbox"/> (0-5)	<input type="checkbox"/> [ +/- ]
LE proximal	<input type="checkbox"/> (0-5)	<input type="checkbox"/> [ +/- ]	<input type="checkbox"/> (0-5)	<input type="checkbox"/> [ +/- ]
LE distal	<input type="checkbox"/> (0-5)	<input type="checkbox"/> [ +/- ]	<input type="checkbox"/> (0-5)	<input type="checkbox"/> [ +/- ]

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

**Bulk**  Normal  Abnormal Comment: \_\_\_\_\_**Fasciculations**  Present  Absent**Pronator Drift and Motor Impersistence:** Have patient hold hands out in supine position, with eyes closed for 15 seconds. Score for pronator drift and seconds eyes stay closed.**Pronator Drift:**  Left  Right  Absent **Impersistence Score**  **Tone: Normal (except as noted below)****Rigidity - Neck (\*\*)** (judged on passive movement of major joints with patient relaxed in sitting position; cogwheeling to be ignored)

- Absent.
- Slight or detectable only when activated by mirror or other movements.
- Mild to moderate.
- Marked, but full range of motion easily achieved.
- Severe; range of motion achieved with difficulty.

**Rigidity- upper extremity (\*\*)** (judged on passive movement of major joints with patient relaxed in sitting position; cogwheeling to be ignored)**Left****Right**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Absent.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Slight or detectable only when activated by mirror or other movements. |
| <input type="checkbox"/> | <input type="checkbox"/> | Mild to moderate.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Marked, but full range of motion easily achieved.                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Severe; range of motion achieved with difficulty.                      |

**Left****Right****Cogwheel**  Absent  Present  Present

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

**Rigidity- lower extremity (\*\*)** (judged on passive movement of major joints with patient relaxed in sitting position; cogwheeling to be ignored)**Left****Right**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Absent.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Slight or detectable only when activated by mirror or other movements. |
| <input type="checkbox"/> | <input type="checkbox"/> | Mild to moderate.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Marked, but full range of motion easily achieved.                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Severe; range of motion achieved with difficulty.                      |

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**(OFFICE USE ONLY)**

**Speed, Dexterity and Other Motor: All normal (except as noted below)**

**Finger taps: (\*\*)** (patient taps thumb with index finger in rapid succession.)

LeftRight

Normal.

Mild slowing and/or reduction in amplitude.

Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.

Severely impaired; frequent hesitation initiating movements or arrests in ongoing movement.

Can barely perform the task.

**Hand movements: (\*\*)** (patient opens and closes hand in rapid succession.)

LeftRight

Normal.

Mild slowing and/or reduction in amplitude.

Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.

Severely impaired; frequent hesitation initiating movements or arrests in ongoing movement.

Can barely perform the task.

**Rapid alternating movements of hands: (\*\*)** (pronation-supination movements of hands, vertically and horizontally, with as large an amplitude as possible, both hands simultaneously; patient opens and closes hand in rapid succession.)

LeftRight

Normal.

Mild slowing and/or reduction in amplitude.

Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.

Severely impaired; frequent hesitation initiating movements or arrests in ongoing movement.

Can barely perform the task.

**Leg agility: (\*\*)** (patient taps heel on the ground in rapid succession, picking up entire leg; amplitude should be at least 3 inches.)

LeftRight

Normal.

Mild slowing and/or reduction in amplitude.

Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.

Severely impaired; frequent hesitation initiating movements or arrests in ongoing movement.

Can barely perform the task.

**Arising from chair: (\*\*)** (patient attempts to rise from a straight-back chair, with arms folded across chest)

 Normal Slow; or may need more than one attempt. Pushes self up from arms of seat. Tends to fall back and may have to try more than one time, but can get up without help. Unable to arise without help.

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**Gait, Posture and Other (\*\*): All normal (except as noted below)**

- Normal
- Walks slowly; may shuffle with short steps, but no festination (hastening steps) or propulsion.
- Walks with difficulty, but requires little or no assistance; may have some festination, short steps or propulsion.
- Severe disturbance of gait requiring assistance.
- Cannot walk at all, even with assistance.

**Other Gait Problems**

- Reduced arm swing
- Widebased
- En Bloc Turning
- Hemiparetic  Right  Left
- Antalgic
- Spastic
- Magnetic

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

**Posture (\*\*)**

- Normal
- Not quite erect, slightly stooped posture; could be normal for older person.
- Moderately stooped posture, definitely abnormal; can be slightly leaning to one side.
- Severely stooped posture with kyphosis; can be moderately leaning to one side.
- Marked flexion with extreme abnormality of posture.

**Postural stability (\*\*)**

(response to sudden, strong posterior displacement produced by pull on shoulders while patient erect with eyes open and feet slightly apart; patient is prepared)

- Normal erect
- Retropulsion, but recovers unaided.
- Absence of postural response; would fall if not caught by examiner.
- Very unstable, tends to lose balance spontaneously.
- Unable to stand without assistance.

**Body bradykinesia and hypokinesia (\*\*)**

(combining slowness, hesitancy, decreased armswing, small amplitude, and poverty of movement in general)

- None
- Minimal slowness, giving movement a deliberate character; could be normal for some persons; possibly reduced amplitude.
- Mild degree of slowness and poverty of movement which is definitely abnormal. Alternatively, some reduced amplitude.
- Moderate slowness, poverty or small amplitude of movement.
- Marked slowness, poverty or small amplitude of movement.

**Facial expression (\*\*)**

- Normal
- Minimal hypomimia, could be normal "poker face."
- Slight but definitely abnormal diminution of facial expression.
- Moderately hypomimia; lips parted some of the time.
- Masked or fixed facies with severe or complete loss of facial expression; lips parted 1/4 inch or more.

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**Tremor, Coordination and Involuntary Movements: None (except as noted below)**

**Tremor at rest (face, lips, chin) (\*\*)**

- Absent
- Slight and infrequently present.
- Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present.
- Moderate in amplitude and present most of the time.
- Marked in amplitude and present most of the time.

**Tremor at rest (Hands) (\*\*)**

Left

Right

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Absent.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Slight and infrequently present.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present. |
| <input type="checkbox"/> | <input type="checkbox"/> | Moderate in amplitude and present most of the time.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Marked in amplitude and present most of the time.  |

**Tremor at rest (Feet) (\*\*)**

Left

Right

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Absent.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Slight and infrequently present.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present. |
| <input type="checkbox"/> | <input type="checkbox"/> | Moderate in amplitude and present most of the time.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Marked in amplitude and present most of the time.  |

**Action or postural tremor of hands (\*\*)**

Left

Right

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Absent.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Slight; present with action.                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Moderate in amplitude; present with action.                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Moderate in amplitude with posture holding as well as action. |
| <input type="checkbox"/> | <input type="checkbox"/> | Marked in amplitude; interferes with feeding.                 |

Check all that apply:

- Ataxia:**  Present (Right)  Present (Left)  Absent
- Dysmetria:**  Present (Right)  Present (Left)  Absent
- Alien hand:**  Present (Right)  Present (Left)  Absent
- Asterixis:**  Present (Right)  Present (Left)  Absent
- Dyskinesia:**  Present (Right)  Present (Left)  Absent
- Dystonia:**  Present (Right)  Present (Left)  Absent
- Myoclonus:**  Present (Right)  Present (Left)  Absent
- Other Involuntary Movements:**  Present (Right)  Present (Left)  Absent

**Comments:**

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**Deep Tendon Reflexes: All normal (2+) and symmetric (except as noted below)**

Left

Right

Biceps  (0-4)  [ +/- ]

Triceps  (0-4)  [ +/- ]

Brachioradialis  (0-4)  [ +/- ]

Knee  (0-4)  [ +/- ]

Ankle  (0-4)  [ +/- ]

(0-4)  [ +/- ]

(0-4)  [ +/- ]

(0-4)  [ +/- ]

(0-4)  [ +/- ]

(0-4)  [ +/- ]

**Other Reflexes: All normal (except as noted below)**

Plantar Babinski Response:

Left:  Downgoing  Upgoing  Equivocal  No response

Right:  Downgoing  Upgoing  Equivocal  No response

Hoffman  Absent  Left  Right

**Frontal Release: All normal (except as noted below)**

Grasp  Absent  Left  Right

Mitgehen  Absent  Left  Right

Gegenhalten  Absent  Left  Right

Meyerson  Absent  Present

Snout  Absent  Present

Root  Absent  Present

**Sensory: All normal (except as noted below)**  Sensory: Can't be assessed reliably.

Light Touch  LUE  RUE  LLE  RLE Comments: \_\_\_\_\_

Pin Prick/Temperature  LUE  RUE  LLE  RLE Comments: \_\_\_\_\_

Position  LUE  RUE  LLE  RLE Comments: \_\_\_\_\_

Vibratory  LUE  RUE  LLE  RLE Comments: \_\_\_\_\_

Rhomberg  Falls Left  Falls Right  Falls Other Comments: \_\_\_\_\_

**Higher Cortical Sensory Function**

**Graphesthesia (Normal)**  Impaired (Right)  Impaired (Left) Comments: \_\_\_\_\_

**Stereognosis (Normal)**  Impaired (Right)  Impaired (Left) Comments: \_\_\_\_\_

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**NEUROLOGICAL EXAM FINDINGS (\*\*):** All below findings are normal for age, except as noted.

Are focal deficits present indicative of central nervous system disorder?  Yes  No

Is gait disorder present indicative of central nervous system disorder?  Yes  No

Eye movement abnormalities indicative of central nervous system disorder?  Yes  No

Supranuclear Ocular Palsies  Absent  Present Comments: \_\_\_\_\_

\*\*Subject has substantial hearing impairment (even if s/he uses hearing aids).  Yes  No

\*\*Subject has substantial vision impairment (even if s/he wears corrective lenses).  Yes  No

Other (UDS): Is there a question about the informant's reliability?  Yes  No

Provider Signature: \_\_\_\_\_

Provider # 

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**HACHINSKI et al. (\*1975) ISCHEMIC SCALE SCORE:**

*If cognitive impairment is present, please complete the following scale using information obtained from history/physical/neurological exam and/or medical records. Indicate if a characteristic is present or characteristic of the patient.*

	Present	Absent	
Abrupt onset	<input type="checkbox"/>	<input type="checkbox"/>	(2 pts)
Stepwise deterioration	<input type="checkbox"/>	<input type="checkbox"/>	(1 pt)
Somatic complaints	<input type="checkbox"/>	<input type="checkbox"/>	(1 pt)
Emotional incontinence	<input type="checkbox"/>	<input type="checkbox"/>	(1 pt)
Hx or presence of hypertension	<input type="checkbox"/>	<input type="checkbox"/>	(1 pt)
Hx of strokes	<input type="checkbox"/>	<input type="checkbox"/>	(2 pts)
Focal neurological symptoms	<input type="checkbox"/>	<input type="checkbox"/>	(2 pts)
Focal neurological signs	<input type="checkbox"/>	<input type="checkbox"/>	(2 pts)

