

Neurological Exam Consent Form

Date: _____

Patient Name: _____

Date of Birth: _____

Introduction

As part of your medical evaluation, we will be conducting a neurological exam to assess your nervous system and brain function.

Purpose of the Exam

The purpose of this exam is to identify any neurological issues that may require further investigation or treatment.

Procedure

The exam involves a series of tests that may include:

- Assessment of motor function
- Reflex testing
- Coordination and balance evaluation
- Cognitive function assessment

Risks

There are minimal risks associated with this exam; however, you may experience temporary discomfort during specific tests.

Consent

By signing below, you acknowledge that you have read and understood the information provided and consent to undergo the neurological exam.

Signature: _____

Date: _____