Neurological History

• Progression of symptoms & signs is vital clue:
  o Gradual deterioration ≈ tumour
  o Intermittent exacerbations ≈ MS
  o Rapid onset ≈ stroke

• Ask right or left handed

PC

• Headache:
  o Diff to usual headaches
  o Unilat or bilat
  o Aura
  o Meningism
  o Worse on waking ≈ ↑ICP
  o ↓concious level

• weakness:
  o speed of onset
  o sensory loss
  o sphincter disturbance
  o loss of balance
  o assoc root pain

• visual disturbance:
  o blurring/visual loss
  o diplopia
  o photophobia
  o pain?
  o Speend of onset

• Special senses

• Dizziness:
  o Vertigo
  o Hearing loss/tinnitus
  o LOC

• Speech disturbance:
  o Onset
  o Type

• Dysphagia

• Fits/faints/funny turns:
  o Duration
  o Mode of onset
  o Preceeding aura
  o LOC
  o Tongue biting
  o Incontinence
  o Residual weakness/confusion
  o FH

• Skin sensation:
  o Distribution
  o Assoc weakness

• Tremor:
  o Rapid or slow
  o Present at rest
- Worse on deliberate movements
- Taking B agonists
- Any thyroid problems
- FH

### Cognitive State
- AMT:
  - Age
  - DOB
  - Time
  - Year
  - Tell pt name of address to remember “42 West Street”
  - Hospital name?
  - Recognise two people
  - Date of second world war
  - Name of present monarch
  - Count backwards 20-1

### PMH
- ?meningitis/encephalitis
- head/spine trauma
- seizures
- vascular RFs:
  - AF
  - HT
  - Hyperlipidaemia
  - DM
  - Smoke
- Chance of pregnancy – risk of eclampsia

### FH
- Any neuro disease

### DH
- Anticonvulsant/antipsychotic/antidepressant meds
- Psychotropic drugs eg ecstasy
- Meds with neuro side effects eg isoniazid