MAGGIE WALK	ER ASSESSMEN	NT OF CONC	USSI	ON		
NAME:						
TEAM:		EXAM	NFR:			
DATE AND TIME OF	FYAM					
DATE AND TIME OF						
NEUROLOGIC SCI	REENING					
LOSS OF CONSCIOUSNESS/		YES		NO		
WITNESSED UNRESPONSIVENESS		LENGT	1:			
POST-TRAUMATIC AMNESIA?		YES		NO		
POOR RECALL OF EVENTS AFTER INJURY		LENGT	1:			
RETROGRADE AMNESIA? POOR RECALL OF EVENTS BEFORE INJURY		YES	YES LENGTH:		NO	
			-			
SENSATION-EXAMPLE FINGER-TO-NOSE	5	NORMA	<u>NORMAL</u>		<u>ABNORMAL</u>	
COORDINATION-EXAM						
	-					
HEAL-TO-TOE WALK/I						
ORIENTATION:1		I CORRECT A	NSWE	R.		
WHAT MONTH IS IT?	0/1					
DAY OF THE WEEK? CURRENT TIME?	0/1					
TODAY'S DATE?	0/1					
THE YEAR?	0/1					
TOTAL:						
			TDIAL	19.2		
COMPLETE ALL THREE						
ALL 3 TRIALS.					,	
LIST	TRIAL 1	TRI	AL 2	TRI	4L 3	
CANDLE	0 1	0	1	0	1	
PAPER	0 1	0	1	0	1	
SUGAR	0 1	0	1	0	1	
FLOWER	0 1	0	1	0	1	
TOTAL:						
CONCENTRATION						
DIGITS BACKWARD: IF						
LENGTH. STOP AFTER			NING			
5-2-6	4-1-5	0	1			
1-7-9-5	4-9-6-8	0	1			
4-8-5-2-7	6-1-8-4-3	0	1			
8-3-1-9-6-4	7-2-4-8-5-6	0	1			
MONTHS IN REVERSE						
DEC-NOV-OCT-SEPT-A	NUG-JUL-JUN-MAY-4	APR-MAR-FEB-JA	N	0	1	
CONCENTRATION TO	TAL:					
	CIRCLE AND 1PT FO		RECAL	LED		
CANDLE PAPER	SUGAR RICE	FLOWER				
DELLAYED RECALL TO				/	5	
				/		
	MARY:					
	,					
IMMEDIATE MEMORY	r					
CONCENTRATION						
DELAYED RECALL						
TOTAL:				/3	30	
		Board, Augu				