

Name, first name:

Birth date:

PARACLINICAL ASSESSMENT

Day

Month

Year

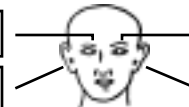
EVOKED POTENTIALS

Date :

Not done Normal Abnormal

Not done Normal Abnormal

VISUAL

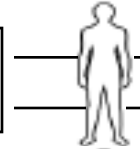
 

BRAINSTEM AUDITORY

SOMATOSENSORY

Upper limbs

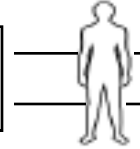
Lower limbs

MOTOR

Upper limbs

Lower limbs

RIGHT

LEFT