

CHECKLIST FOR PATIENT TESTING FOLDER

Folder Label:

NAME (code)

[Campus] DOB: ##/##/##

[neurological site]

[deficit]

Syndrome codes:

N Neglect

E Extinction

FC Field Cut

N- Asymptomatic

LEFT SIDE

Administrative

RIGHT SIDE

Testing (separate tests with tabs)

Checklist for Patient Testing

Alta Bates/VA Consent Forms *date ##/##/##*

"UCB research project" sheet

Physician Notes

Patient Notes

ASCAN scoring

ASCAN testing materials

other tests, details below

TEST

DATE

NOTES:
