

Client Full Name: Information not found in transcript.
Client Date of Birth: Information not found in transcript.
Date of Service: Information not found in transcript.
Exact start time and end time: Information not found in transcript.
Session Location: Information not found in transcript.
Diagnosis: See Assessment details below.

Subjective:

The patient did not report any changes in their sense of smell or vision. They confirmed wearing glasses but noted no recent changes in prescription. The patient denied any hearing problems and reported no issues with eating or drinking, including no coughing after swallowing.

Objective:

Cranial nerve examination was performed by Dr. Gill. The patient successfully identified the smell of coffee, indicating intact olfactory function. Visual acuity was tested using a Snellen chart, and no issues were noted. Pupillary light reflexes were normal, and extraocular movements were intact. Peripheral vision was assessed and found to be normal. Facial sensation was tested with a blunt point and cotton wool, with normal responses. Facial muscle function was intact, with the patient able to raise eyebrows, screw eyes tightly, show teeth, and blow cheeks. Hearing was assessed using a tuning fork, with normal results. Oral examination showed no issues with swallowing or speech articulation. Muscle strength in the head and neck was normal. The patient demonstrated normal tongue movement and articulation of vowels.

Assessment:

The examination revealed no abnormalities in the cranial nerves. The patient was given a clean bill of health regarding cranial nerve function.

Plan:

1. No further action required as cranial nerve function is normal.
2. Patient education provided regarding the results of the examination.
3. Advised to return if any new symptoms or concerns arise.

Therapist Signature: _____ Date: _____

Information of clinician name, credentials, and license not found in transcript.