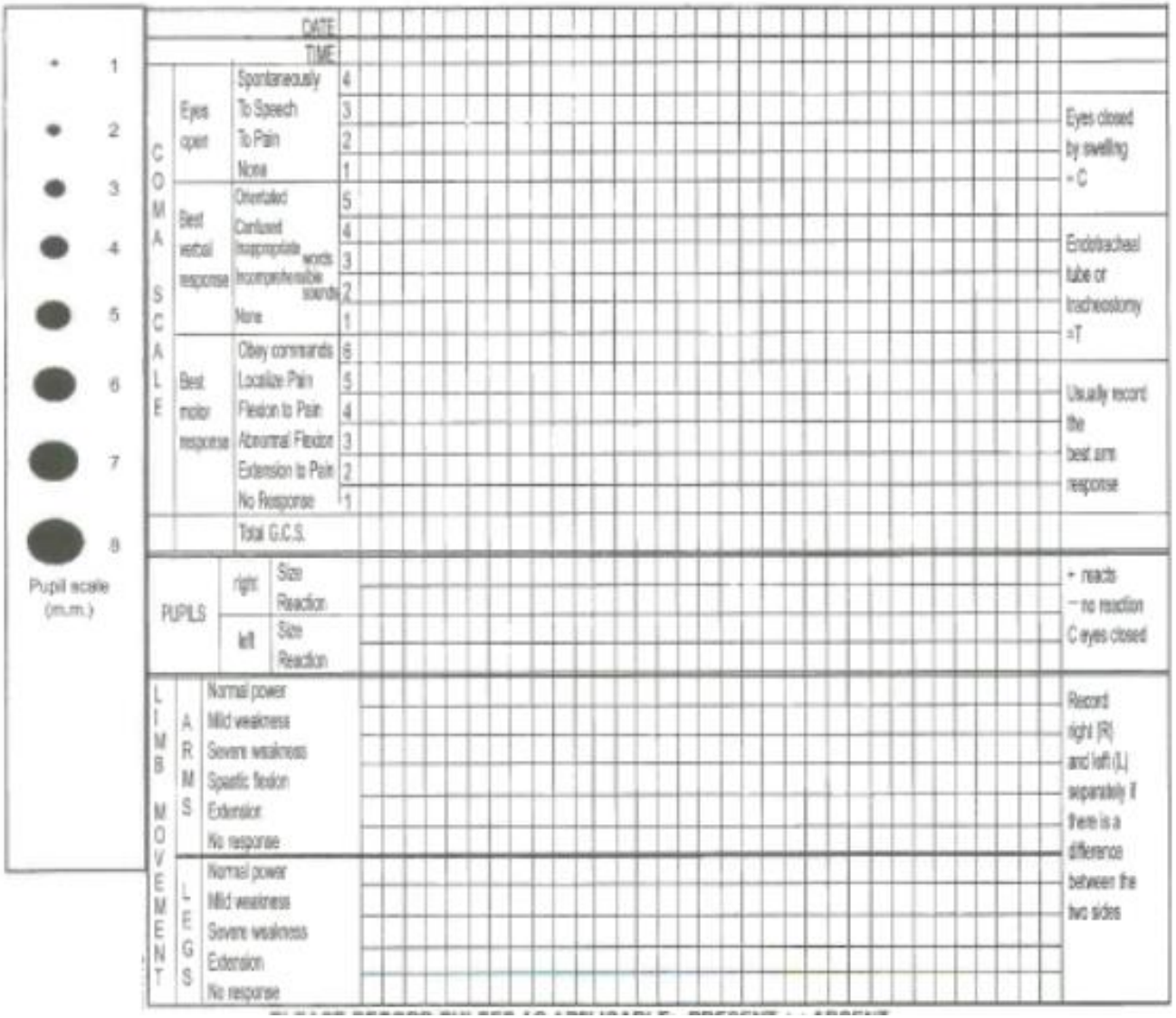
Neurological Assessment
Glasgow Coma Scale (GCS)



Patient Name:

Date of Birth:

Healthcare Record No:

Addressograph