

| Diagnostic Category | Number of Patients to be Seen | Comments/Explanation |
|------------------------------------|-------------------------------|---|
| Cerebrovascular Disease | 2 | Evaluate at least one patient on the inpatient service with cerebrovascular disease (cerebral, infarct, intracerebral hemorrhage, subarachnoid hemorrhage). |
| Dementia | 1 | Evaluate inpatient or outpatient. Desired but not required |
| Delirium | 1 | Inpatient evaluation as a primary student. Desired but not required |
| Epilepsy | 3 | Either on inpatient or outpatient setting |
| Headache | 3 | Evaluate at least 3 patients with headache in either outpatient or inpatient setting |
| Movement Disorder | 2 | Includes Parkinson's, Huntington's, and drug induced movement disorder |
| Multiple Sclerosis | 1 | Evaluate one patient either on inpatient or outpatient with demyelinating disease. Desired but not required |
| Peripheral Nervous System Disorder | 3 | Evaluate at least one patient with peripheral neuropathy in outpatient or inpatient setting |