

# Nursing Review of Systems

## Patient Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Gender: \_\_\_\_\_

Patient ID: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### 1. CONSTITUTIONAL

- Chills
- Fatigue
- Fever
- Weight gain
- Weight loss

### 8. NEUROLOGICAL

- Dizziness
- Extremity numbness
- Extremity weakness
- Headaches
- Seizures
- Tremors

### 2. HEENT

- Hearing loss
- Sinus pressure
- Visual changes

### 9. PSYCHIATRIC

- Anxiety
- Depression

### 3. RESPIRATORY

- Cough
- Shortness of breath
- Wheezing

### 10. INTEGUMENTARY

- Breast discharge
- Breast lump
- Hives
- Mole change(s)
- Rash
- Skin lesion

**4. CARDIOVASCULAR**

- Chest pain
- Pain while walking (Claudication)
- Edema
- Palpitations

**11. MUSCULOSKELETAL**

- Back pain
- Joint pain
- Joint swelling
- Neck pain

**5. GASTROINTESTINAL**

- Abdominal pain
- Blood in stool
- Constipation
- Diarrhea
- Heartburn
- Loss of appetite
- Nausea
- Vomiting

**12. HEMATOLOGIC**

- Easily bleeds
- Easily bruises
- Lymphedema
- Issues with blood clots

**6. GENITOURINARY**

- Painful urination (Dysuria)
- Excessive amount of urine (Polyuria)
- Urinary frequency

**13. IMMUNOLOGIC**

- Food allergies
- Seasonal allergies

**7. METABOLIC/ENDOCRINE**

- Cold intolerance
- Heat intolerance
- Excessive thirst (Polydipsia)
- Excessive hunger (Polyphagia)