

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)