Nursing Review of Systems

PATIENT INFORMATION

Full Name: _____ Date of Birth: _____ dd / mm / yyyy

Gender: _____ Patient ID: _____

Contact Number: _____ Email Address: _____

CONSTITUTIONAL

Constitutional symptoms

- [ ] Chills
- [ ] Fatigue
- [ ] Fever
- [ ] Weight gain
- [ ] Weight loss

NEUROLOGICAL

Neurological symptoms

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

HEENT

HEENT symptoms

- [ ] Hearing loss
- [ ] Sinus pressure
- [ ] Visual changes

PSYCHIATRIC

Psychiatric symptoms

- [ ] Anxiety
- [ ] Depression

RESPIRATORY

Respiratory symptoms

- [ ] Cough
- [ ] Shortness of breath
- [ ] Wheezing

INTEGUMENTARY

Integumentary symptoms

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

CARDIOVASCULAR

Cardiovascular symptoms

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

MUSCULOSKELETAL

Musculoskeletal symptoms

- [ ] Back pain
- [ ] Joint pain
- [ ] Joint swelling
- [ ] Neck pain

GASTROINTESTINAL

Gastrointestinal symptoms

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

HEMATOLOGIC

Hematologic symptoms

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

GENITOURINARY

Genitourinary symptoms

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

IMMUNOLOGIC

Immunologic symptoms

- [ ] Food allergies
- [ ] Seasonal allergies

METABOLIC/ENDOCRINE

Metabolic/Endocrine symptoms

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