

# CANCER SERVICES PROGRAM CLINICAL BREAST EXAM FORM

Name: \_\_\_\_\_ Last First MI DOB: \_\_\_\_\_ MM/DD/YR Date: \_\_\_\_\_ MM/DD/YR

**Review of Patient History**

Patient noticed changes in breasts since last visit? Site code 

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 No \_\_\_ Yes \_\_\_ Describe \_\_\_\_\_

Patient has a personal or family history of breast cancer?  
 No \_\_\_ Yes \_\_\_ Who? \_\_\_\_\_ What age? \_\_\_\_\_

Patient noted spontaneous nipple discharge?  
 No \_\_\_ Yes \_\_\_ Describe \_\_\_\_\_

**Risk Assessment Results:**

- Assessed Average Risk       BRCA mutation, personal or 1<sup>st</sup> degree relative
- ≥20% lifetime risk by risk assessment       Radiation treatment to chest between ages 10-30
- Genetic syndrome like Li-Fraumeni       Risk not assessed       Unknown

**Visual Exam:**

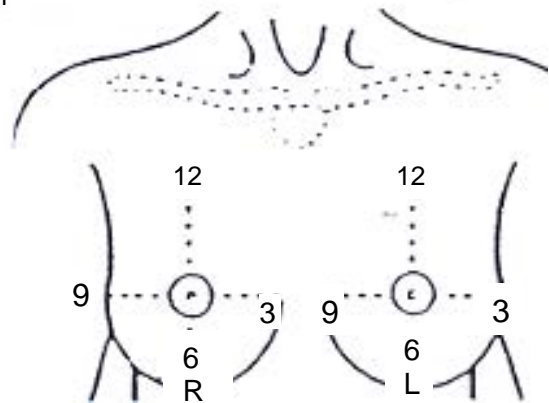
Skin:       Normal/Benign       Scar(s)       Dimpling       Other: \_\_\_\_\_  
 Nipples:       Everted       Inverted       Retraction

**Physical Exam**

Lymph Nodes      **Right**      **Left**  
 (Axillary/Clavicular)       +  -       +  -

**Diagram Documentation Codes**

Scar +++      Nodularity ≡≡≡      Mole\*        
 Fibrocystic Area ##      Node ○      Dimpling <        
 Mass ●



Describe all clinical exam findings, including **NORMAL** and **ABNORMAL** (indicate size, shape, mobility, location of palpable findings).

**Findings:** \_\_\_\_\_

**Plan:** \_\_\_\_\_

**Referral:**      No \_\_\_\_\_      Yes \_\_\_\_\_      (explain) \_\_\_\_\_

**Breast Findings:** Check one box only

- 1. Normal, Benign, Fibrocystic – Rescreen in 1-2 Years
- 2. Probably Benign – Repeat Exam in 3-6 months
- 3. Mass or Other Findings – Immediate Testing

\_\_\_\_\_  
 Name of Examiner (please print)

\_\_\_\_\_  
 Signature of Examiner Date

*This report should be maintained as part of the patient medical record.*