

# CANCER SERVICES PROGRAM CLINICAL BREAST EXAM FORM

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

**Review of Patient History**

Patient noticed changes in breasts since last visit? Site code   
 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 \_\_\_\_\_

**Visual Exam:**

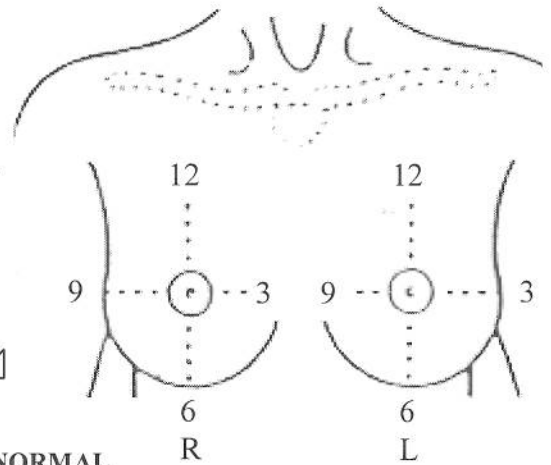
Skin:  Normal/Benign  Scar(s)  Dimpling  Other: \_\_\_\_\_  
 Nipples:  Everted  Inverted  Retraction

**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.*