

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 1st 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:

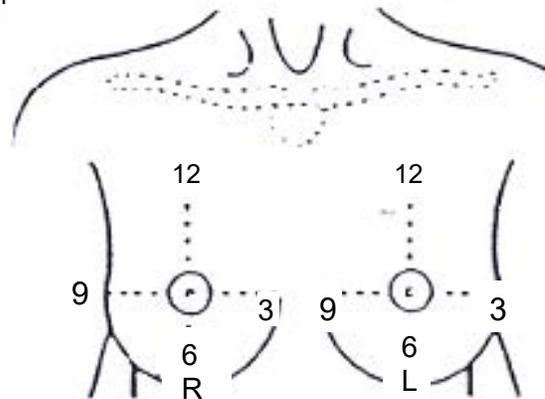
Skin: Normal/Benign Scar(s) Dimpling Other: _____
 Nipples: Everted Inverted Retraction

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.

FAX COMPLETED FORM TO: 716-858-7992 QUESTIONS? 716-858-7376