# CBE RESULTS
## DOCUMENTATION FORM

**Purpose of Visit**
- [ ] Annual screening
- [ ] New problem
- [ ] Recall
- [ ] Short-term F/U ___mos.
- [ ] Other: ________________

**Date of Last CBE**

**Breast Health History**

**Patient Concerns**
- [ ] None
- [ ] Lump
- [ ] Nipple discharge
- [ ] Nipple skin retraction
- [ ] Erythema / swelling
- [ ] Rash / scaling
- [ ] Breast pain
- [ ] Other: ____________

**Date**

**Physical Exam**

**Breast Findings**
- [ ] None
- [ ] Fine nodularity
- [ ] Dense nodularity
- [ ] Skin edema
- [ ] Nipple/areolar change
- [ ] Tenderness
- [ ] Symmetry

**Discrete Mass**
- [ ] round
- [ ] oval
- [ ] irregular

- [ ] well-defined
- [ ] ill-defined

- [ ] <5 mm
- [ ] 5-9 mm
- [ ] 1-2 cm
- [ ] 3-4 cm
- [ ] >4 cm

**Texture**
- [ ] soft
- [ ] firm
- [ ] rubbery
- [ ] hard
- [ ] mobile

**Mobility**
- [ ] fixed
- [ ] mobile

**Lymph Nodes**
- [ ] WNL
- [ ] Enlarged
- [ ] Fixed
- [ ] Mobile

**Related Breast History**

**Patient Education**

**Clinician Signature for CBE:**

**Case Management**

**Date**

**Final Diagnosis**

**Clinician Signature:**

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Sample document courtesy of the California Department of Public Health, Cancer Detection Section  
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