



Sample form for reporting the findings of the CBE

Name of the organization

Clinical evaluation of the breast by CBE

Name of the patient		
Institution unique ID		
Address		
Phone number		
Age		
Clinical history		
Risk factors for breast cancer		
Family history of breast cancer		
Previously screened		
Previous mammography+/- sonography reports		
findings	Right	Left
<ul style="list-style-type: none"> • Shape of the breast • Skin over the breast • Nipple Discharge: absent/present; If present, describe by its colour, thickness, odour and amount • Breast lump: absent/present; If present, describe the <ul style="list-style-type: none"> ○ Number ○ Location by quadrant of the breast ○ Size in millimetres ○ Consistency: Soft/ firm/hard ○ Surface: smooth/irregular ○ Mobility within the breast tissue and over the underlying muscles • Axillary lymph nodes: not palpable/ palpable; If palpable, describe <ul style="list-style-type: none"> ○ Number of nodes ○ Consistency of the nodes: soft/firm/ hard ○ Nodes fixed to each other 		
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p style="font-size: small;">Right breast</p>  </div> <div style="text-align: center;"> <p style="font-size: small;">Left breast</p>  </div> </div>		
Clinical diagnosis/ impression		
Further advice		

Name and signature of the doctor

Date