

REGIONAL WRITE-UP—BREASTS AND AXILLAE

Date _____

Examiner _____

Patient _____ Age _____ Gender _____

Reason for visit _____

I. Health History

	No	Yes, explain
1. Any pain or tenderness in breasts?	_____	_____
2. Any lump or thickening in breasts?	_____	_____
3. Any discharge from nipples?	_____	_____
4. Any rash on breasts?	_____	_____
5. Any swelling in the breasts?	_____	_____
6. Any trauma or injury to breasts?	_____	_____
7. Any history of breast disease?	_____	_____
8. Ever had surgery on breasts?	_____	_____
9. Ever been taught breast self-examination?	_____	_____
10. Ever had mammography?	_____	_____

II. Physical Examination

A. Inspection

1. Breasts
 - Symmetry _____
 - Skin color and condition _____
 - Texture _____
 - Lesions _____
2. Areolae and nipples
 - Shape _____
 - Direction _____
 - Surface characteristics _____
 - Discharge _____
3. Response to arm movement _____
4. Axillae _____

B. Palpation

1. Breasts
 - Texture _____
 - Masses _____
 - Tenderness _____
2. Areolae and nipples
 - Masses _____
 - Discharge _____
3. Axillae and lymph nodes
 - Size _____
 - Shape _____
 - Consistency _____
 - Mobility _____
 - Discrete or matted _____
 - Tenderness _____

C. Teach breast self-examination

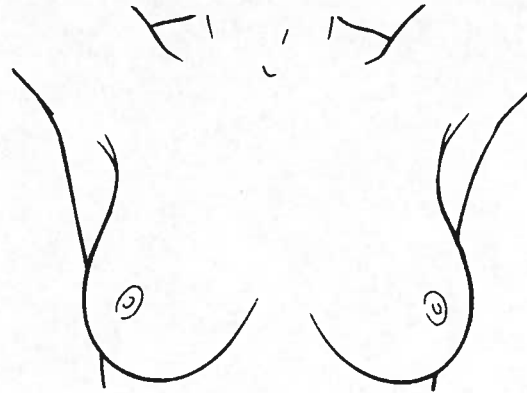
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Summarize your findings using the SOAP format.

Subjective (Reason for seeking care, health history)

Objective (Physical examination findings)

Record findings on diagram below



Assessment (Assessment of health state or problem, diagnosis)

Plan (Diagnostic evaluation, follow-up care, teaching)