

MALE BREAST IMAGING QUESTIONNAIRE

Is today's evaluation your first mammogram:	ATIENT INFORMATION Last Name	First Na	me/Middle Initial	DOB	Age	Race
URRENT SYMPTOMS Which breast? Duration? Lump: L / R Nipple inversion: L / R Color of discharge: L / R Other symptoms: EDICAL HISTORY The male breast may become tender or enlarged due to side effects from various medically necessary and recreational medications/drugs. Please list any medications that you are taking or may have been taking at the time you first noticed your breast symptoms: Do you have a history of medical conditions, or pituitary tumors?NoYes. If yes, please explain: TECHNOLOGIST COMMENTS TECHNOLOGIST COMMENTS			•			
If not, year and location of your last mammogram Which breast? Duration? Lump: L / R Nipple inversion: L / R Discharge: L / R Color of discharge: L / R Other symptoms: EDICAL HISTORY The male breast may become tender or enlarged due to side effects from various medically necessary and recreational medications/drugs. Please list any medications that you are taking or may have been taking at the time you first noticed your breast symptoms: Do you have a history of medical conditions, or pituitary tumors?NoYes. If yes, please explain: TECHNOLOGIST COMMENTS TECHNOLOGIST COMMENTS	To to don'to anning the arrange	<u> </u>				
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