OUTPATIENT DIAGNOSTIC CENTER

MALE BREAST IMAGING QUESTIONNAIRE

PATIENT INFORMATION

Last Name	First Name/Middle Initial	DOB	Age	Race
		/ /		

Is today's evaluation your first mammogram: _____ yes _____ no

If not, year and location of your last mammogram_____

CURRENT SYMPTOMS

	Which breast?	Duration?
Lump:	L / R	_____
Nipple inversion:	L / R	_____
Discharge:	L / R	_____
Color of discharge:	_____	
Skin retraction:	L / R	_____
Tenderness :	L / R	_____

Other symptoms: _____

_____

BREAST SURGICAL HISTORY

Have you ever had breast surgery? ____no ____yes

If yes, please explain:

_____

_____

_____

MEDICAL 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 such as heart failure, cirrhosis, thyroid conditions, or pituitary tumors? ___ No ____Yes. If yes, please explain:

_____

_____

_____

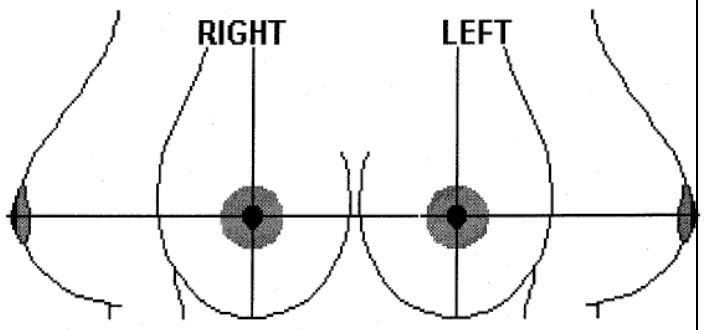
Do you have a family history of breast cancer? If so, please list the relationship to you and approximate age of diagnosis, if known:

_____

_____

_____

FOR TECHNOLOGIST USE ONLY



TECHNOLOGIST COMMENTS

_____

TECHNOLOGIST SIGNATURE, DATE & TIME