

## Male Mammography Questionnaire

Patient Name \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

Name of additional physician(s) you want to receive this report

1. \_\_\_\_\_

2. \_\_\_\_\_

Reason for mammogram today?

Lump or swelling [ ] Pain [ ] Other [ ]

(explain) \_\_\_\_\_

Which breast? Right [ ] Left [ ]

Is there a history of breast cancer in your immediate family?

Mother [ ] Father [ ] Sister [ ] Daughter [ ]

Are you taking any of these medications?

Tagamet [ ]

Blood pressure medications [ ] please list

\_\_\_\_\_

Antidepressants [ ] please list

\_\_\_\_\_

Other [ ] please list

\_\_\_\_\_

I understand that mammograms are very helpful in finding breast cancer, but approximately 10% of breast cancer cannot be seen on x-rays. I have read and understand the above questions and my answers are truthful.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Patient signature Home Phone Work Phone

**TECHNOLOGIST ONLY**

Reasons for additional views and comments:

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RIGHT BREAST	LEFT BREAST	
		<ul style="list-style-type: none"><li>○ Accessory nipple</li><li>● Mole</li><li>▲ Lump</li><li>    Scar</li><li>× Focal pain</li></ul>

Technologist signature