

Male Mammography Questionnaire

Patient Name: _____

Do you currently have a lump or mass in your breast?	Yes	No
Are you experiencing redness, pain or swelling in your breast?	Yes	No
When did you notice this change in your breast or chest area? _____		
Are you currently taking or have taken steroids within the last 12 months?	Yes	No
Often times the male breast can develop fullness due to side effects of medication. Please list any medication that you are taking or may have taken at the time when your breast problem was first noticed. _____ _____ _____ _____		
When did you last see your doctor about this condition? _____		
Do you have any family history of Breast Cancer?	Yes	No

Registered Mammographer Use Only _____ _____ _____
Technologist Signature: _____

(Rag Male Mammography Questionnaire Rev 06/06)

