

Patient Signature:

## MALE INTAKE QUESTIONNAIRE MAMMOGRAPHY

Todays Date: \_\_\_\_\_

REASON FOR YOUR EXAM (Please include symptoms and time frame)  CURRENT SYMPTOMS (circle all that apply) How Long?  Breast Tenderness/Pain YES NO Right Left  Lumps YES NO Right Left  Nipple Discharge YES NO Right Left  If yes to above, color:  Nipple Retraction YES NO Right Left  Skin Dimpling YES NO Right Left  Skin Dimpling YES NO Right Left	TECH NOTES (for internal use only):
CURRENT SYMPTOMS (circle all that apply) How Long?  Breast Tenderness/Pain YES NO Right Left  Lumps YES NO Right Left  Nipple Discharge YES NO Right Left  If yes to above, color:  Nipple Retraction YES NO Right Left	Tech Initials:
Breast Tenderness/Pain YES NO Right Left  Lumps YES NO Right Left  Nipple Discharge YES NO Right Left  If yes to above, color:  Nipple Retraction YES NO Right Left	
Breast Tenderness/Pain YES NO Right Left  Lumps YES NO Right Left  Nipple Discharge YES NO Right Left  If yes to above, color:  Nipple Retraction YES NO Right Left	Additional Tech Notes:
Breast Tenderness/Pain YES NO Right Left  Lumps YES NO Right Left  Nipple Discharge YES NO Right Left  If yes to above, color:  Nipple Retraction YES NO Right Left	
Breast Tenderness/Pain YES NO Right Left  Lumps YES NO Right Left  Nipple Discharge YES NO Right Left  If yes to above, color:  Nipple Retraction YES NO Right Left	
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If yes to above, color:  Nipple Retraction YES NO Right Left	
Nipple Retraction YES NO Right Left	
Skin Dimpling YES NO Right Left	
s this your first mammogram?	o, When/Where?
,	res, When/Where?
	res, When?
	res, When?
•	es, 🗌 Tobacco 🗌 Marijuana 🗎 Vapor
•	es, Describe:
Jo you have a history of Breast Procedures.	
Do you have a personal history of Breast Cancer?   Yes   No If ye	es, Explain:
Do you have a family history of Breast Cancer?	Unknown If yes, Who:
History of Hormones or Steroid use?	es, Explain:
List of Current Medication:	
I agree that the above information is correct (Do not sign until after	