Male Mammography Sheet

Mammogram Date: _____

Last _____ First _____ MI _____ DOB _____ Age

Patient ID _____ Sex ☐ Male Ethnicity _____

Height _____ Weight _____ Ashkenazi inheritance: ☐ Yes ☐ No ☐ Unknown

☐ First mammogram Date and location of last mammogram: _____

Personal Risk Factors at age at age at age

☐ Breast cancer gene-BRCA 1 ☐ BRCA 2 ___ ☐ History of prostate disease ___ ☐ History of liver cancer ___

☐ History of breast cancer ___ ☐ History of testicular disease ___ ☐ History of kidney cancer ___

☐ Current or Recent Chemotherapy ___ ☐ History of thyroid cancer ___

COVID-19 Vaccine Status: Are you currently vaccinated? ☐ Yes ☐ No Date of your most recent vaccination: ___/___/_____

In which upper extremity was your vaccine administered? ☐ R ☐ L Marijuana Use (smoking or edible) ☐ Yes ☐ No

Current Medications

_____

_____

_____

_____

_____

Family History of Cancer

Relative	Maternal or Paternal	Cancer Type	at age	Pre-menopause
_____	☐ ☐	_____	___	☐
_____	☐ ☐	_____	___	☐
_____	☐ ☐	_____	___	☐

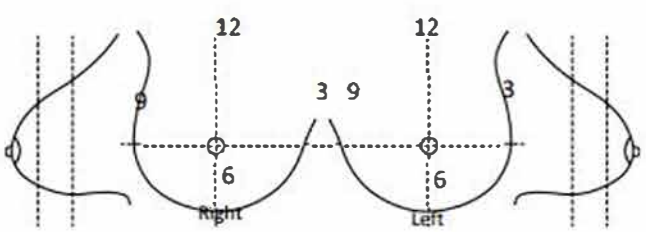
Breast Surgical and Treatment History *Have you had any breast surgery not listed below (including reduction, or lift)? (Please include date, type, and result.)*

_____

Current Complaints/Symptoms

_____

Physicial Findings



scar ○ palpable lump ● skin lesion/mole /// thickening pain

Indicated Problems

R	L		R	L	
☐	☐	Palpable abnormality	☐	☐	Bloody discharge
☐	☐	Non-bloody discharge	☐	☐	Difficult physical exam
☐	☐	Breast Implant Problem	☐	☐	Skin thickening or retraction
☐	☐	Lump or thickening	☐	☐	Nipple abnormality
☐	☐	Large axillary lymph nodes	☐	☐	Pain ☐ Other

Technologist Comments:

_____

_____