



Account #: _____ Tech: _____ Date: _____

Breast Imaging Worksheet (Male)

Name: _____ Age: _____ Date of Birth: _____

When did a physician last perform a breast physical examination? Date: _____
Month/Year

Please specify: normal abnormal R L

Are you feeling a new lump? No Yes If yes, please specify: R L

Thickening? No Yes If yes, please specify: R L

Pain in one or both breasts?
No Yes if yes, please specify: R L

Enlarged lymph nodes in armpits?
No Yes if yes, please specify: R L

Nipple discharge?
No Yes if yes, please specify: R L

Skin change around breast(s)?
No Yes if yes, please specify: R L

Benign breast biopsy(ies)?
No Yes If yes, please specify: R L

Number of years ago: _____

Have you ever had:

Lumpectomy for breast cancer? No Yes If yes, please specify: R L
Number of years ago? _____

Mastectomy? No Yes If yes, please specify: R L
Number of years ago? _____
Reconstruction? _____

History of radiation therapy to the breast, chest, head, or neck? No Yes
Type of condition? _____ Number of years ago? _____

Continued on the other side...

Breast Imaging Worksheet page 2

Close family history of breast cancer (maternal or paternal)? No Yes

Please specify: Maternal Paternal

Relationship Age of Onset Number of breasts involved

- 1.
- 2.
- 3.
- 4.

Have you been tested for the breast cancer gene(s)? No Yes

If so, Positive Negative BRCA1 BRCA2

Please list all current medications. _____

Do you have any serious medical conditions? No Yes

IF YOU HAVE BROUGHT PREVIOUS FILMS OR REPORTS WITH YOU, PLEASE GIVE THEM TO THE RECEPTIONIST BEFORE YOUR EXAM.