

Patient Name:	
DOB:	
Medical Record No.	

Mammography Patient History – for Males

Reason for Today's Exam:					
Have you ever had a mamm	nogram?	□No			
If yes, where?		When?			_
When was your last breast e	exam done in your doo	ctor's office?		Month	Year
Have you ever had a breast	biopsy?	□ No			
If yes, what side?	Right	Left	Both	What year?	
Have you ever had breast ca	ancer? Yes	☐ No			
☐ Mastectomy	Lumpectomy	Radiation Therapy			
Right	Left	Both			
Please list any medications	you take and how long	g you have been	taking t	hem:	
		How long?			
		How long?			
		How long?			
		How long?			

		Patient Name:						
Family	y History of B i	reast Cancer: tory of breast cancer.						
	Mother	Was she still having periods at the time of diagnosis? Yes No Was her cancer on one breast both breasts						
	Father	Was the cancer on one breast both breasts						
	Sister	Was she still having periods at the time of diagnosis? Yes No Was her cancer on one breast both breasts						
	Daughter	Was she still having periods at the time of diagnosis? Yes No Was her cancer on one breast both breasts						
	Maternal Aun	Was she still having periods at the time of diagnosis? Yes No Was her cancer on one breast both breasts						
	Paternal Aunt	Was she still having periods at the time of diagnosis? Yes No Was her cancer on one breast both breasts						
	Maternal Gran	was she still having periods at the time of diagnosis? Yes No Was her cancer on one breast both breasts						
	Paternal Grand	dmother Was she still having periods at the time of diagnosis? Yes No Was her cancer on one breast both breasts						
	Other							

Date _____

Signature _____