Mammography Patient History – for Males

Reason for Today’s Exam: ________________________________

Have you ever had a mammogram?  □ Yes  □ No
If yes, where? _____________________________  When? _______________

When was your last breast exam done in your doctor’s office? ___________ Month ______ Year

Have you ever had a breast biopsy?  □ Yes  □ No
If yes, what side? _____ Right _____ Left _____ Both  What year?_____________

Have you ever had breast cancer?  □ Yes  □ No
☐ Mastectomy  ☐ Lumpectomy  ☐ Radiation Therapy
☐ Right  ☐ Left  ☐ Both

Please list any medications you take and how long you have been taking them:

_____________________________  How long? ________________________________
_____________________________  How long? ________________________________
_____________________________  How long? ________________________________
_____________________________  How long? ________________________________
_____________________________  How long? ________________________________
_____________________________  How long? ________________________________
_____________________________  How long? ________________________________
_____________________________  How long? ________________________________
Patient Name: _________________________

**Family History of Breast Cancer:**

☐ No family history 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 Aunt  
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 Grandmother  
Was she still having periods at the time of diagnosis? ☐ Yes ☐ No  
Was her cancer on ☐ one breast ☐ both breasts

☐ Paternal Grandmother  
Was she still having periods at the time of diagnosis? ☐ Yes ☐ No  
Was her cancer on ☐ one breast ☐ both breasts

☐ Other  
________________________________________

Signature _____________________________________  Date ________________________