Fall Precaution Y N

Women & Children
HUNTSVILLE HOSPITAL

Patient Sticker

HUNTSVILLE HOSPITAL BREAST CENTER

MALE BREAST IMAGING QUESTIONNAIRE

PATIENT INFORMATION

Last Name	First Name/Middle Initial	DOB	Age	Race
		/ /		

Is today's evaluation your first mammogram: _____ yes _____ no
If not, year and location of your last mammogram_____

CURRENT SYMPTOMS

	Which breast?	Duration?
Lump:	**L / R**	**_____**
Nipple inversion:	**L / R**	**_____**
Discharge: L / R	**_____**	
Color of discharge:	**_____**	
Skin retraction:	**L / R**	**_____**
Tenderness : L / R	**_____**	

Other symptoms: _____
_____

MEDICAL HISTORY

The male breast may become tender or enlarged due to side effects from various medically necessary and recreational medications/drugs. Please list any medications that you are taking or may have been taking at the time you first noticed your breast symptoms:

_____
_____
_____
_____

Do you have a history of medical conditions such as heart failure, cirrhosis, thyroid conditions, or pituitary tumors? ___ No ____Yes. If yes, please explain:

_____
_____
_____

Do you have a family history of breast cancer? If so, please list the relationship to you and approximate age of diagnosis, if known:

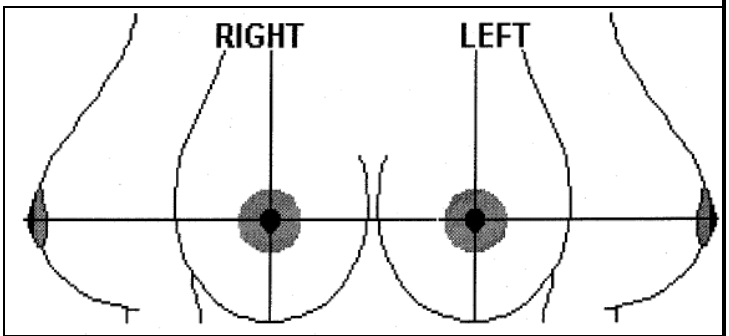
_____
_____
_____

BREAST SURGICAL HISTORY

Have you ever had breast surgery? ____no ____yes
If yes, please explain:

_____
_____
_____

FOR TECHNOLOGIST USE ONLY



TECHNOLOGIST COMMENTS

_____
TECHNOLOGIST SIGNATURE, DATE & TIME

BCMAM