

Price, Hoffman, Stone & Associates, M.D.'s, P.A
747 6th Avenue South
St. Petersburg, FL 33701
727-898-3647

Male Mammography Questionnaire

Name: _____

Date: _____

Date of Birth: _____

Phone Number: _____

1. What kind of symptoms are you currently experiencing (i.e.)
tenderness, swelling, lump, thickness)? _____

2. Do you have a personal or family history of breast cancer (male or
female)? If yes, who and at about what age were they diagnosed?

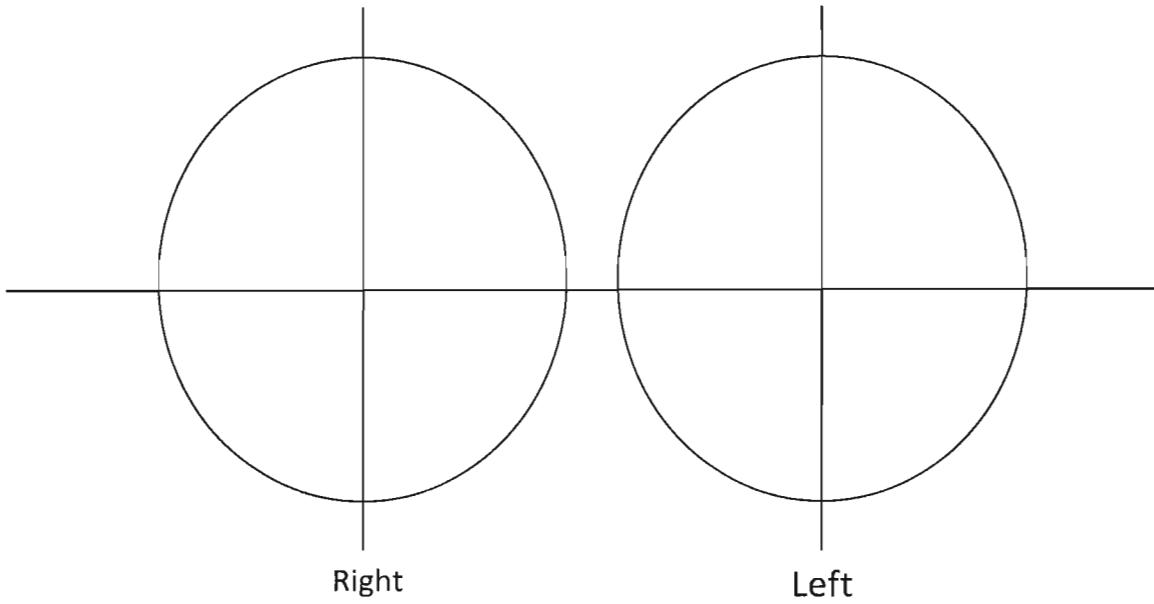
3. Have you had any breast or chest surgery? Yes ___ No ___

4. Have you ever had a mammogram or breast ultrasound? Yes ___ No ___

If yes, when and where? _____

5. Please list any medications that you are currently taking: _____

Ultrasound Technologist's Worksheet



Findings:

Right Breast: _____

Left Breast: _____

Technologist's Notes: _____
