

ASHEVILLE RADIOLOGY

Patient label

Mammography Questionnaire Males (Please circle and fill in all the way across the page.)

Which doctor sent you for your mammogram today? _____

Are you having any other exams at Asheville Imaging today?	No	Yes	
Have you had a mammogram?	No	Yes	Where _____
Any needle biopsies?	No	Yes	Right-When _____ Left-When _____
Any breast surgery?			
Biopsy (Benign)	No	Yes	Right-When _____ Left-When _____
Lumpectomy (Cancer)	No	Yes	Right-When _____ Left-When _____
Mastectomy (Cancer)	No	Yes	Right-When _____ Left-When _____
Chemotherapy for breast cancer	No	Yes	Right-When _____ Left-When _____
Radiation Therapy for breast cancer	No	Yes	Right-When _____ Left-When _____
Family history of breast cancer?	No	Yes	Relationship to you _____ Before 50 / After 50
Cancer in any other area of your body?	No	Yes	When _____ Where _____
Any NEW breast problems? (Example- lump, nipple discharge, skin changes)	No	Yes	Describe: Right _____ Left _____

Patient Signature _____ **Date** _____

(fill out back of sheet also)

Circle any of these drugs that you are taking or have taken in the last year.

Abilify	Clinoril	Kadian	Nilandron	Rifater	Thorazine
Adalat	Clorpres	Kaletra	Nizoral	Risperdal	Tiazac
Advicor	Covera-HS	Lanoxicaps	Norpace	Sandimmune	Treacator-SC
Aldocior	Delatestryl	Lanoxin	Norpramin	Sandostatin	Trexall
Alcohol	Digitalis Pupurea	Lescol	Norvasc	Sarefem	Tricor
Aldomet	Digitek	Lexxel	Novarel	Serentil	Trizivir
Aldoir	Duraclon	Lofibra	Nutropin	Seroquel	Vaseretic
Altacor	Effexor	Lotrel	Oxandrin	Serostim	Vasotec
Anadrol	Eligard	Loxitane	Pepcid	Sinequan	Verelan
Androderm	Etrafon	Lupron	Pergonal	Sporanox	Viadur
AndroGel	Eulexin	Mariguana	Plendil	Stelazine	Vivactil
Android	Flexerit	Matulane	Pravachol	Sular	Wellbutrin
Avodart	Gengraf	Methotrexate	Pregnyl	Surmontil	Xanax
Axid	Geodon	Mevacor	Prevacid	Sustiva	Zantac
Baycol	Gonal-F	Midamor	PREVPAC	Tagamet	Zocor
Betaseron	Haldol	Moban	Prilosec	Tarka	Zoladex
Captopril	Heroin	Moduretic	Procardia	Testim Gel	Zoloft
Cardura	Herbals	Motrin	Prozac	Testoderm	Zyban
Casodex	Humatrope	Myleran	Reglan	Testred	
Catapres	Indocin	Navane	Repronex	Thalomid	
Celexa	Intron A	Neoral	Requip	Thioridazine	
Cipro	Isoptin SR	Neurotin	Rifamate	Thiothixene	

Have you been diagnosed with any of the following conditions? (Please circle)

Renal disease

Sexual dysfunction

Thyroid disease

Infertility

Family history of gynecomastia

Klinefelter syndrome

Chronic liver disease

Mumps

Congenital anorchia

Testicular torsion

Testicular trauma

Viral orchitis

Kallmann syndrome

Pituitary tumors or any other cause of hypopituitarism

Androgen insensitivity syndrome

Five alpha-reductase deficiency syndrome