



**Bellevue Medical Imaging, PLLC**  
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## MALE BREAST SCREENING QUESTIONNAIRE

- 1) Do you currently have a lump or mass in your breast(s)?       Yes    No  
     IF YES, which? (circle one)      Right   Left   Both
  
- 2) Are you experiencing any pain, swelling or redness in your breast(s)?       Yes    No  
     IF YES, which? (circle one)      Right   Left   Both
  
- 3) How long have you been experiencing your current symptom(s)?  
     \_\_\_\_\_
  
- 4) Please list any medications that you were taking at the time when you first noticed your symptoms:  
     \_\_\_\_\_
  
- 5) Are you currently taking or have you taken steroids within the last 12 months?    Yes    No  
     IF YES, please list which ones: \_\_\_\_\_
  
- 6) Do you have a family history of breast cancer?    Yes    No  
     IF YES, which relatives? \_\_\_\_\_
  
- 7) Have you ever had any type of cancer?    Yes    No  
     IF YES, please briefly list what type and how you were treated:  
     \_\_\_\_\_
  
- 8) Have you ever had any surgical procedure in your breast or chest area?    Yes    No  
     IF YES, please list what kind(s) and when:  
     \_\_\_\_\_
  
- 9) Have you ever had any prior imaging of your breast(s)?    Yes    No  
     IF YES, please list where and when: \_\_\_\_\_

I attest that the answers I have given above are true and correct to the best of my knowledge.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_