Teton Radiology
advanced medical imaging

MALE BREAST CARE WORKSHEET

Demographics:
Last_____ First_____ DOB:_____ Age_____

Personal Risk Factors:
- ☐ Breast Cancer gene
- ☐ History of Breast Cancer
- ☐ History of High risk lesion
- ☐ History of Colon Cancer

Family history of Breast Cancer: (Mother or Fathers side?)

Relative:	Age:	Pre-Menopause:
_____	_____	Y N
_____	_____	Y N
_____	_____	Y N
_____	_____	Y N
_____	_____	Y N

Hormone History:	Currently taking?	Duration:
Testosterone:	Y N	Yrs___ Mos___
Estrogen:	Y N	Yrs___ Mos___
Progesterone:	Y N	Yrs___ Mos___
Tamoxifen:	Y N	Yrs___ Mos___
Raloxifene:	Y N	Yrs___ Mos___
Steroids:	Y N	Yrs___ Mos___

Breast Surgical and Treatment History: (Include date, type and result)
_____
_____
_____
_____

Current complaints/symptoms (include duration of complaints and symptoms):
_____
_____
_____

First Mammogram:_____
Time since last Mammogram:_____

Vaccines of all types can result in temporary swelling of the lymph nodes, which may be a sign that the body is making antibodies in response as intended.
Have you had the Covid Vaccine? Yes / No Date of Vaccination:_____ Arm: Left / Right