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## Building Patient History

For this assignment, I am reviewing my patient history techniques during a chest upper X-ray exam. This is an exam I have received competency on and performed from start to finish in the clinical setting. The chest upper X-ray is a common diagnostic imaging test used to evaluate the lungs, heart, and upper chest structures. When preparing for this exam, I began by introducing myself to the patient and explaining the procedure. I then asked several questions to gather relevant patient history. My main questions included:

- "What brings you in for a chest X-ray today?"
- "Are you experiencing any symptoms such as cough, chest pain, or shortness of breath?"
- "How long have you had these symptoms?"
- "Have you had any recent illnesses or fevers?"
- "Have you had a chest X-ray before?"

I chose these questions because they help determine the reason for the exam and provide important context for the radiologist. For example, knowing if the patient has a cough or chest pain can help the radiologist look for signs of infection or injury. Asking about medical history helps identify risk factors for diseases like pneumonia or lung cancer. The type of exam being performed also guided my questions, as certain conditions are more visible on a chest X-ray.

After gathering the patient's history, I made sure to let the tech know if there were any concerns that were mentioned to me by the patient that were alarming. The key points in the patient's information I made sure I went through thoroughly any urgent symptoms, such as severe shortness of breath or chest pain. If there was anything unusual or concerning, I communicated directly with the tech to ensure they were aware before sending the images or even letting patient leave, I had to make sure everyone was on the same page.

The information I collected helps the radiologist focus on specific areas when interpreting the X-ray. For example, if the patient reports right-sided chest pain, the radiologist will pay extra attention to that area. Knowing the patient's history also helps the radiologist make a more accurate diagnosis and provide better recommendations for follow-up care.

Looking back, I realize I did not ask about occupational exposures, such as working with chemicals or dust, or even smoking which could affect lung health. Not asking this could mean missing important clues for the radiologist. If I do not provide a complete patient history, the radiologist might miss something important or misinterpret the images.

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On a scale of 1 to 10, I would rate my patient history technique as an 8. I feel confident in my approach but know there is room for improvement. To get better, I plan to use a checklist to make sure I cover all important questions and review common conditions seen on chest X-rays. In conclusion, taking a thorough patient history is essential for quality patient care and helps the radiologist provide the best possible interpretation of the exam.