

Name: Ethan Fischer | DOB: 5/5/1993 | MRN: 5737029 | PCP: Nymisha A Rao, M.D. | Legal Name: Ethan Fischer

Office Visit - Oct 27, 2025

with Krysta Wolfe, M.D. at Hyde Park Pulmonary

Notes from Care Team

Progress Notes

Krysta Wolfe, M.D. at 10/27/2025 9:20 AM

PULMONOLOGY CARE GROUP AMBULATORY PROGRESS NOTE

Patient referred to me in consultation by Dr. Rao for chronic cough

Subjective

SUBJECTIVE

HISTORY OF PRESENT ILLNESS

HPI

Verbal consent was given by the patient to use ambient clinical documentation, which audio records our conversation, to help generate the following clinical note. The audio recording is then completely deleted.

History of Present Illness

Ethan Fischer is a 32 year old male with no significant PMH who presents with a chronic cough persisting for over eight months.

He has been experiencing a chronic cough for over eight months, suspected to be triggered by environmental factors in his previous apartment, which was found to contain mold. The cough is mostly dry and is triggered by strong smells such as perfume, food, fire, and mildew. It occurs throughout the day and night without a noticeable difference in intensity.

He was prescribed an inhaler to be used twice daily, but has not noticed significant improvement. The cough persists, with periods of worsening when exposed to potential triggers like mildew. He has been away from the apartment for over a month, including a three-week travel period, and notes some improvement in symptoms when away from the apartment.

No sinus drainage, wheezing, or shortness of breath, although he experiences a little tightness with coughing. He exercises a couple of times a week without limitation. He has no history of bronchitis or asthma as a child and has no issues with pets or other environmental exposures outside of the apartment.

His family history includes a father with chronic bronchitis and an uncle with asthma, neither of which were smoking-related. He has no history of sinus issues, seasonal allergies, or significant acid reflux, although he experiences heartburn about once a month.

He has used both albuterol and Symbicort inhalers, with the albuterol causing a feeling of tightness in the chest. He has not required steroids for his symptoms.

CURRENT MEDICATIONS

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• albuterol sulfate 90 mcg/actuation inhaler	Inhale 1 puff by mouth every 6 hours as needed for shortness of breath.	8 g	1
• budesonide-formoterol (SYMBICORT) 80-4.5 mcg/ actuation inhaler	Inhale 2 puffs by mouth twice daily and every 4 hours as needed for wheezing or shortness of breath.	1 g	3
• clindamycin (CLEOCIN-T) 1 % lotion	Apply 1 Application to the affected area(s) twice daily.	60 mL	2
• mv-min/folic/vit K/lycop/coQ10 (DAILY MULTIVITAMIN ORAL)	Take by mouth.		
• OPTICHAMBER Diamond VHC Spacer	Use as directed.	1 each	0

No current facility-administered medications for this visit.

PAST MEDICAL, SURGICAL, SOCIAL, AND FAMILY HISTORY

Past medical, surgical, social and family history were reviewed with no changes
No past medical history on file.

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Vaping Use

- Vaping status: has never used
- Substances: THC

Substance Use Topics

- Alcohol use: Yes
Comment: occ
- Drug use: Yes
Comment: marijuana/ occ

Review of Systems

Constitutional: Negative.

HENT: Negative. Negative for postnasal drip.

Respiratory: Positive for **cough**.

As per HPI

Gastrointestinal: Negative.

Musculoskeletal: Negative.

Skin: Negative.

Allergic/Immunologic: Negative.

Neurological: Negative.

All other systems reviewed and are negative.

OBJECTIVE**Vitals:**

10/27/25 0853
BP: 128/68
Pulse: 61
Temp: 37.1 °C (98.8 °F)
TempSrc: Temporal
SpO2: 98%
Weight: 86 kg (189 lb 8 oz)
Height: 188 cm (6' 2")

Body mass index is 24.33 kg/m².

Wt Readings from Last 10 Encounters:

10/27/25 86 kg (189 lb 8 oz)
10/09/25 87.1 kg (192 lb)
10/07/25 87.5 kg (192 lb 12.8 oz)
06/11/25 86.2 kg (190 lb)
04/03/25 89.4 kg (197 lb)

PHYSICAL EXAM**Physical Exam****Constitutional:**

Appearance: Normal appearance. He is normal weight.

HENT:

Head: Normocephalic and atraumatic.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Heart sounds: Normal heart sounds.

Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds.

Abdominal:

General: Abdomen is flat.

Musculoskeletal:

Cervical back: Neck supple.

Right lower leg: No edema.

Left lower leg: No edema.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: He is alert. Mental status is at baseline.

Psychiatric:

Mood and Affect: Mood normal.

Behavior: Behavior normal.

Physical Exam**LABS**

Results

RADIOLOGY

Chest x-ray: Normal (04/2025)

DIAGNOSTIC

Pulmonary function test: Normal lung volume, normal airway resistance, normal gas exchange, increased airflow, no obstruction, no response to albuterol (10/27/2025)

Laboratory data was reviewed and relevant information is discussed in the assessment and plan

REVIEW OF IMAGES AND STUDIES:

No results found for this or any previous visit.

XR Chest, 4 views

No results found for this or any previous visit.

CT Chest wo

No results found for this or any previous visit.

CT Chest w

Spirometry

 No data to display

PFT today: increased flows and DLCO, no significant obstruction or restriction

TLC 9.31 115%

FVC 7.37 125%

FEV1 5.72 127% -16% with albuterol

DLCO 44.69 136%

Images and diagnostic studies were reviewed and relevant information is discussed in the assessment and plan

ASSESSMENT & PLAN

Assessment & Plan

Chronic cough, in setting of environmental triggers.

Chronic cough persisting for over eight months, suspected to be triggered by environmental factors, particularly mold and dust in the previous apartment. Symptoms include a mostly dry cough, occasional wheezing at the peak of symptoms, and chest tightness. No significant improvement with the use of Symbicort inhaler, but just started one week ago. Breathing tests show normal lung function today. The cough has shown some improvement since moving out of the previous apartment, indicating environmental triggers. No significant family history of asthma or bronchitis affecting current symptoms. No evidence of sinus issues, seasonal allergies, or significant acid reflux. Prolonged coughs following colds, but no steroid use for bronchitis. Methacholine challenge and ENT evaluation are potential future steps if symptoms persist.

- Continue Symbicort for another week, then use as needed if no improvement.
- Consider methacholine challenge if symptoms persist to assess for asthma or reactive airway disease.

- Consider referral to ENT if symptoms persist despite inhaler use and change in environment

Immunization History

Administered	Date(s) Administered
• COVID-19 Vaccine (Moderna), 12 years and older	06/02/2021, 07/03/2021, 04/19/2022
• DTP Vaccine	06/20/1993, 08/30/1993, 10/21/1993, 11/30/1994, 08/06/1997
• DTaP Vaccine	06/20/1993, 08/30/1993, 10/21/1993, 11/30/1994, 08/06/1997
• Haemophilus b Conjugate Vaccine (Tetanus Toxoid Conjugate) (Hiberix) (6 weeks+)	06/20/1993, 08/30/1993, 10/21/1993, 08/31/1994
• Hep A, Pediatric, Unspecified Formulation - External	06/08/2005, 12/19/2005
• Hepatitis A Vaccine, 18 Yrs or Less	06/08/2005, 12/19/2005
• Hepatitis B Vaccine, (19 Yrs or Less) (3-Dose Series)	05/19/1993, 06/20/1993, 01/20/1994, 04/14/1994
• Hib, Unspecified Formulation - External	06/20/1993, 08/30/1993, 10/21/1993, 08/31/1994
• Influenza Vaccine (FLUARIX) (6 Months to Adult)	11/16/2021, 11/15/2022
• Influenza Vaccine (FluLaval)(6 months to Adult)	10/07/2025
• Influenza Vaccine (Trivalent)(PF), 3 Yrs-Adult	11/27/2013
• Influenza, Intradermal, Quadrivalent, (Pf) - External	12/07/2017
• Influenza, Seasonal, Injectable - External	11/27/2013
• Japanese Encephalitis Vaccine	06/16/2015
• Measles, Mumps & Rubella (MMR)	08/31/1994, 10/01/1998
• MenACWY (Menveo-2) (2 months to 55 years)	05/30/2007
• Meningococcal C Conjugate - External	05/30/2007
• Oral Polio Vaccine (OPV)	06/20/1993, 08/30/1993, 11/30/1994, 08/06/1997
• Tdap Vaccine	05/30/2007, 10/07/2025
• Typhoid Vaccine, Intramuscular	06/16/2015
• Varicella Zoster Vaccine (Chickenpox)	06/16/2011, 07/14/2011

VISIT DIAGNOSIS

1. **Uncomplicated asthma, unspecified asthma severity, unspecified whether persistent**

No orders of the defined types were placed in this encounter.

Follow up in: Return if symptoms worsen or fail to improve.

On 10/27/2025 I spent 40 minutes in total caring for this patient, including direct care and other qualifying activities. Time spent on separately reportable procedures is excluded.

Krysta Wolfe, MD
Pulmonary and Critical Care Attending

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