

# Maddi Brown

The Well Collective

## Personal Information

	Leanne
Middle Name	Coley
Preferred name	0478628036
Ph: Home	Ph: Work
leanne_p_coley@hotmail.com	03/04/1972
8 Glebe Place	Address line 2
Banora Point	New South Wales
Australia	2486
Aged care manager	<div>Male</div> <div>Female</div> <div>Other</div>

## Emergency contact

Aleica	Lowry
0450223588	Partner

## Referral source

How did you hear about this clinic?

Family or Friends

## Health History

If you have a history of any of the following conditions, please select below.

☐ Heart disease

- ☐ Diabetes
- ☐ Asthma
- ☐ Severe weight loss/gain
- ☐ Headaches
- ☐ Autoimmunity
- ☐ Dizziness
- ☐ Pregnant
- ☒ Cholesterol
- ☒ Severe fatigue
- ☐ Bruise easily
- ☐ Blood pressure
- ☐ Night sweats
- ☒ Skin conditions
- ☐ HIV
- ☐ Epilepsy
- ☐ Thyroid

## Health history details

If you answered yes to any of the above questions, please provide further information here.

High cholesterol - familial.  
Iron deficiency - iron  
infusions - adenomyosis  
Rosacea Irregular heart  
beat

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## Surgeries

Please list any surgeries you have had.

Caesarian x 2

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## Medicines/supplements

Please list any medications or supplements, including the reasons you are taking them.

Lovan-  
anxiety/depression. Lipitor  
- cholesterol Nexium -  
GORD

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## Alcohol consumption

How much alcohol do you consume on a weekly basis?

10 bottles

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## Smoking

Do you smoke? When did you start and how often do you smoke?

Restarted 3 years ago.  
10+ per day.

## Exercise

What type of exercise do you do and how often?

None at present

## Family history

Please list any conditions that run in your family.

Arthritis Hashimotos  
thyroid Cholesterol

## Current Complaint

What is the reason for your visit?

Improve health and well being. Manage and reduce existing health conditions. Change unhealthy lifestyle - reduce drinking. Lose weight.

What relieves your symptoms?

What aggravates your symptoms?

Stress.

Have you consulted any other health professionals about this problem? If so, please provide details. below.

GP Haematologist Gynaecologist - for the above.

## List of test results

**Treatment consent**

I have to the best of my knowledge, provided all relevant information about my health and medical history and I give my full consent to treatment. I intend this consent to apply to all future treatments and I understand that I must update my service provider with any changes that may occur in my medical history. I understand that a 50% cancellation fee may apply if I do not provide at least 48 hours notice.

- ☒ I consent to treatment
- ☒ I consent to receiving SMS and/or email updates, news & offers

**Name \***

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Leanne Coley