

Christopher Neil

Dr Christopher Neil

Personal Information

Mrs

Madalene

Middle Name

STRECZYNSKI

Maddie

0434211670

Ph: Home

Ph: Work

madalenestreczynski@gmail.com

14/07/1970

55 Jindalee Boulevard

Jindalee

Western Australia

Australia

6036

Occupation

Male

Female

Other

Emergency contact

Toni

Streczynski

04120 3622

Husband

Referral source

How did you hear about this clinic?

Other

Health History

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

☐ Myocardial infarction (heart attack)

- ☒ Myocarditis or pericarditis
- ☐ Atrial fibrillation or other arrhythmia
- ☐ Heart failure or cardiomyopathy
- ☒ Postural Orthostatic Tachycardia Syndrome (POTS) or hypotension
- ☐ Hypertension
- ☐ Hypercholesterolaemia or lipid disorder
- ☐ Diabetes or insulin resistance
- ☐ Sleep apnoea
- ☐ Stroke
- ☐ Asthma or other lung disease
- ☒ Headaches or brain fog
- ☒ Fatigue or poor endurance
- ☒ Lightheadedness or collapse
- ☐ Skin conditions
- ☐ Bleeding or easy bruising
- ☐ Fevers or night sweats
- ☐ Weight loss or gain
- ☒ Autoimmune problems
- ☐ Epilepsy or seizures
- ☒ Numbness or nerve problems
- ☐ Vision or hearing problems
- ☐ Hormone or thyroid problems
- ☐ Urinary or prostate problems
- ☐ Dental or gum problems
- ☐ Cancer

Health condition details

If you answered yes to any of the above questions, or if you wish to provide additional background, please provide further information here.

After receiving the Pfizer Covid 19 vaccine in Aug 2021, as a affect of the vaccine I developed Pericarditis. I al so developed other conditions such as Autonomic dysfunction, digestive issues, vasculitis and chronic fatigue.

Surgeries and procedures

endometriosis, ovarian
cystectomy - 1998
Hysterectomy - 2001
Incisional hernia repair -
2001 Removal of nodule
(Benign) right breast -
2004 Colonoscopy - 2005
Trans esophageal ECHO -
2022Extraction teeth -
1974 Tonsillectomy -
1976 Wisdom teeth
removal - 1989 Diagnostic
laparoscopy - 1990
Laparoscopy - removal
endometriosis - 1992
Laparoscopy - ovarian
cystectomy - 1993
Laparoscopy - removal of
endometriosis, ovarian
cystectomy, perineal
repair - 1995 Caesarean
section - 1996
Laparoscopy - removal of
endometriosis, ovarian
cystectomy - 1998
Hysterectomy - 2001
Incisional hernia repair -
2001 Removal of nodule
(Benign) right breast -
2004 Colonoscopy - 2005
Trans esophageal ECHO -
2022Extraction teeth -
1974 Tonsillectomy -
1976 Wisdom teeth
removal - 1989 Diagnostic
laparoscopy - 1990
Laparoscopy - removal
endometriosis - 1992
Laparoscopy - ovarian
cystectomy - 1993
Laparoscopy - removal of
endometriosis, ovarian
cystectomy, perineal
repair - 1995 Caesarean
section - 1996
Laparoscopy - removal of
endometriosis, ovarian
cystectomy - 1998
Hysterectomy - 2001
Incisional hernia repair -
2001 Removal of nodule
(Benign) right breast -
2004 Colonoscopy - 2005
Trans esophageal ECHO -
2022Extraction teeth -
1974 Tonsillectomy -
1976 Wisdom teeth
removal - 1989 Diagnostic
laparoscopy - 1990
Laparoscopy - removal
endometriosis - 1992
Laparoscopy - ovarian
cystectomy - 1993
Laparoscopy - removal of
endometriosis, ovarian
cystectomy, perineal
repair - 1995 Caesarean
section - 1996
Laparoscopy - removal of
endometriosis, ovarian
cystectomy - 1998

Medications and supplements

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

Fludrocortizone 50 micro
gr - Elevates BP
Amitriptyline 5mg every
2nd day -
dysautonomia, IBS,
depression Bisoprolol
2.5mg - regulates fast
heart rate Escitalopram
5mg - help with sleeping,
IBS Other meds on
referral - only when
needed - reasons
migraine, nausea, IBS co
enzyme Q10 help with
energy and breathing

Vaccination history

point. Two day later I felt very unwell, this was not something I experienced before. I was hanging on to my kitchen bench for support. I became more and more out of breath, struggling to just walk. I could not climb my stairs, it felt like my legs were to heave on top of being out of breath. I started getting severe chest pain, tightness and palpitations. I felt as if I ate to much food or drank to much water. I was so uncomfortable, sleeping was impossible because I was in pain, out of breath and my heart was beating in an unfamiliar way. I have never in my life felt like this. I am very aware of my body and my health and this was not normal.

15/10/2021 2nd Dose Pfizer vaccine, my symptoms persisted and I just became more exhausted, in pain, with palpitations and short of breath. I had a ECHO scheduled for 3/11/2021. But after speaking to the Vaccine helpline, I was advised to go to ED. Unfortunately the ED had a 7 hour wait and I was not seen as urgent, and because I did not feel up for sitting and waiting I went home. On the on 16/11/2021 I walked about six steps to answer a call, I felt like my chest was going to burst, I could not breath or speak. I had to sit down and wait to improve. I had the same episode on 17/11 which stops everything at that moment. Together with feeling the worst I have every felt in my life, being short of breath, my heart beating fast, palpitations and literally dragging myself up the stairs, I decided to present to a private ED. There I was diagnosed with pericarditis and then received treatment. Unfortunately my health did not improve and I was referred to my specialist.

Pfizer COVID-19 vaccine 1st dose - 31/08/2021
Reaction, about 2 hours after receiving the

Allergies or adverse drug reactions (ADRs)

Please list any allergies to medications or other exposures.

Fluorescein strips
Venteze and Ventalin
Pseudoephedrine Venofer
(IV iron) Maxolon
Malarone
Propofol/Diprivan Iodine
contrast

Alcohol and smoking

How much alcohol do you consume on a weekly basis? Do you smoke? When did you start and how often do you smoke? Other drugs use can be disclosed here.

Never smoked No
consumption of alcohol
No drug use

Exercise

What type of exercise do you do and how often?

I used to do a hour work
out, cardio - bike,
treadmill, high impact
training, weight
strengthening, yoga and
walking. I have not been
able to do any of my usual
exercises for the last 2
years. I recently started
going for a stroll, just an
easy comfortable pace
twice a week. (Have not
been able to do the walks
for four weeks due to poor
weather)

Family history

Please list any conditions that run in your family.

Connective tissue
disorder Von Wille Brands

Current Complaint

What is the reason for seeking telehealth consultation with Dr Neil?

I was advised by Guardian Injury Law to get Dr Chris Neil's opinion.

When did the problem begin? What caused the problem?

31 August 2021 Harm as a result of the Pfizer Covid-19 vaccine.

What relieves your symptoms? What aggravates your symptoms?

Medications relieve some symptoms Up and down bending, lifting my arms up fast and repeating it. Laying on my sides or flat. Doing repetitive fast movements, jumping

Have you consulted other health professionals about this problem? Please provide details and dates if possible.

Please answer the following

Do you have a GP referral?

☒ Yes ☐ No

Are you seeking a medicolegal opinion?

☐ Yes ☒ No

Are you interested to participate in research?

☐ Yes ☒ No

Have you had investigations or disease screening?

☒ Blood cholesterol or glucose measurements

☒ Electrocardiography (ECG)

☒ Holter monitor (24-hour ECG)

- ☒ Cardiac ultrasound
(echocardiography)
- ☐ Cardiac magnetic resonance
imaging (MRI)
- ☒ Exercise stress ECG/echo testing
- ☐ Nuclear stress testing
- ☐ Prostate Specific Antigen (PSA
test) and examination
- ☒ Faecal occult blood test or
colonoscopy
- ☒ Mammography
- ☒ Pap smears

Pain scale

On a scale of 1-10 with 1 being minimal and 10 being maximum pain, how would you rate your pain?

- | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Mood scale

On a scale of 1-10 with 1 feeling very down and 10 feeling great, how would you rate your mood?

- | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Sleep quality scale

On a scale of 1-10 with 1 being very poor and 10 being excellent, how would you rate your sleep quality?

1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Energy scale

On a scale of 1-10 with 1 being very low energy and 10 being very energetic, how would you rate your energy?

1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

List of test results

Medicare 4348 028323

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 telehealth consultation and 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 cancellation fee may apply if I do not provide at least 24 hours notice.

☒ I consent to telehealth consultation and treatment

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

Client Name *

Date

Madalene Streczynski

17/07/2024

☒ I am the client

☐ I am submitting on behalf of the client