

# Elzette Howell

Homeopath

The Trustee for The Howell Family Trust

## Personal Information

<input type="text" value="none"/>	<input type="text" value="Addison"/>
<input type="text" value="Middle Name"/>	<input type="text" value="Gray"/>
<input type="text" value="Preferred name"/>	<input type="text" value="0415558404"/>
<input type="text" value="Ph: Home"/>	<input type="text" value="Ph: Work"/>
<input type="text" value="lani.eccles@gmail.com"/>	<input type="text" value="03/11/2022"/>
<input type="text" value="16 Goldcrest Drive"/>	<input type="text" value="Address line 2"/>
<input type="text" value="Upper Coomera"/>	<input type="text" value="QLD"/>
<input type="text" value="Australia"/>	<input type="text" value="4209"/>
<input type="text" value="n/a"/>	<div><input type="button" value="Male"/><input type="button" value="Female"/><input type="button" value="Other"/></div>

## Emergency contact

<input type="text" value="Lani"/>	<input type="text" value="Gray"/>
<input type="text" value="0415558404"/>	<input type="text" value="Mother"/>

## Referral source

How did you hear about this clinic?

## 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. If you have any additional illnesses or complaints, please provide further information here.

Has had some asthma induced symptoms when she's been sick. Wheezing, sucking in for breath hard, had to take her to the ER as her lips went blue while she was sleeping. Has needed to go on Ventolin. Was slow to talk. ENT said her hearing was not great, hence the grommets, and that contributed to her slow talking. She still struggles to pronounce some words/sounds. Had a hearing test, first one the right ear was blocked, second test the right ear was better. Have been seeing a chiropractor to help with her alignment etc of her head/ears/back etc.

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### Childhood or adult illnesses/accidents/operations

Please provide information on the nature of the illness, age, duration and anything unusual and any treatment. Please provide information on the nature of the illness, age, duration and anything unusual and any treatment.

grommets put in - 3.5  
years oldHFM - 18  
Months Tonsils &  
adenoids removed and  
grommets put in - 3.5  
years oldHFM - 18  
Months Tonsils &  
adenoids removed and  
grommets put in - 3.5  
years oldHFM - 18  
Months Tonsils &  
adenoids removed and  
grommets put in - 3.5  
years old

## Vaccination and Immunisation History:

Please complete in full or supply a copy of your vaccination record. Please note down ALL symptoms experienced after each immunisation.

Had all vaccinations. I'll  
include a vaccination  
summary (I tried to upload  
but it wouldn't let me). As  
a baby would sometimes  
get a slight fever. At her 4  
year old one, the site got  
a little red, but that was it. -  
Diphtheria Tetanus  
Pertussis Hib Hepatitis B  
Poliomyelitis -  
Pneumococcal - Rotavirus  
- Diphtheria Tetanus  
Pertussis Hib Hepatitis B  
Poliomyelitis -  
Pneumococcal - Rotavirus  
- Diphtheria Tetanus  
Pertussis Hib Hepatitis B  
Poliomyelitis -  
Meningococcal ACWY -  
Pneumococcal - Measles  
Mumps Rubella - Hib -  
Diphtheria Tetanus  
Pertussis - Measles  
Mumps Rubella Varicella -  
Influenza - Influenza -  
Diphtheria Tetanus  
Pertussis - Poliomyelitis

## Family history

Please list any conditions that run in your family.

Asthma factor 5 leiden

## Major life events

E.g. death of a relative, marriage, divorce, birth of children, immigration, major career changes, accidents, injuries, trauma, etc:

Sister came along at 2 years. Surgery at 3.5 years. Split chin at kindy 4 years.

## Alcohol/smoking/recreational drug consumption

How much alcohol do you consume on a weekly basis?

n/a

## Exercise

What type of exercise do you do and how often?

Swimming/Gymnastics/Bike riding/Trampoline/general kid playing.

## Current Complaint

What is the reason for your visit?

General health but mainly for the breathing.

When did the problem begin?

November 2024

What caused the problem?

Being sick, she had a fever.

What relieves your symptoms?

Ventolin

What aggravates your symptoms?

Illness

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

Went to the ER and followed their Ventolin asthma plan.

### 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 24 hours notice.

☒ I consent to treatment

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

**Client Name \***

**Date**

Addison Gray

07/01/2025

☐ I am the client

☒ I am submitting on behalf of the client

**Your Name**

**Relationship to client**

Lani Gray

Mother