**NAME**: Vorname: E-Mail: Tel: PLZ: Ort: Straße:

| **B**est **S**olution **I**nstitute | | | | | | | | | | | | | | | | | | |
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| **ART** und **ORT** der **BESCHWERDEN**<br>**Datum:** | **INTENSITÄT** - wie stark?<br>VOR Therapie ROT<br>NACH Therapie BLAU markieren<br>**leicht** **mäßig** **belastend** **stark** **extrem** | | | | | | | | | | | **SEIT** wann? | **Häufigkeit** wie oft pro.. | | | | | Bitte den **Ort der Beschwerden** mit Farbstift markieren |
| **Gewicht** am Morgen: am Abend:<br>**Größe** in cm:<br>**Temperatur** morgens:<br>**Blutdruck**: **Puls**: | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | z.B: 3/22 | DAUERND | TAG | WOCHE | MONAT | JAHR | |
| **Schmerzen** | | | | | | | | | | | | | | | | | | |
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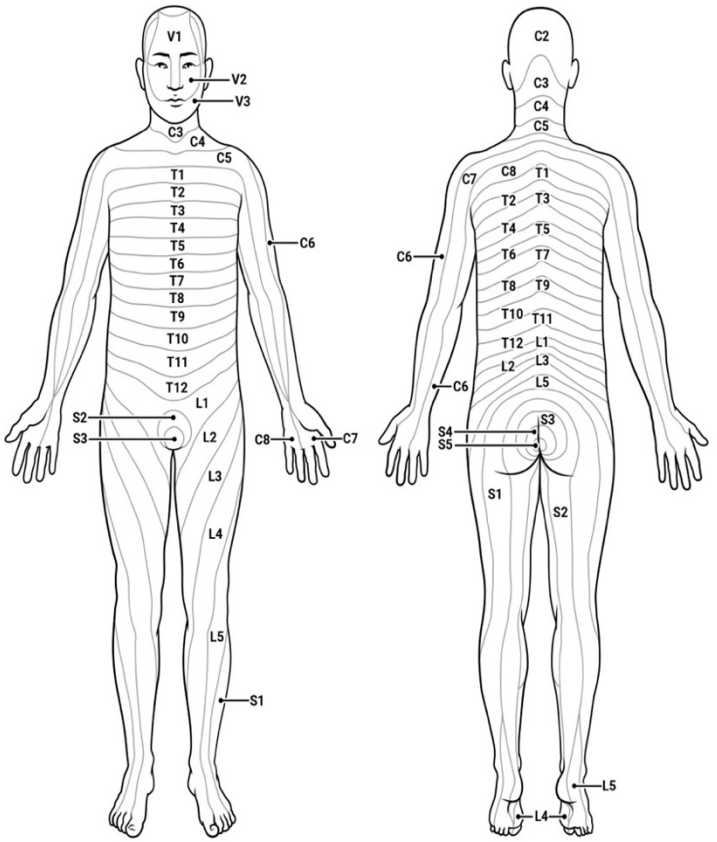
| **Müdigkeit** – körperliche Schwäche | | | | | | | | | | | | | | | | | | |
| **Energielosigkeit** | | | | | | | | | | | | | | | | | | |
| **Hyperaktivität** | | | | | | | | | | | | | | | | | | |
| **Impulsivität** - unüberlegtes Handeln | | | | | | | | | | | | | | | | | | |
| **Lähmungen** - verringerte muskuläre Kraft | | | | | | | | | | | | | | | | | | |
| **Beweglichkeit** eingeschränkt | | | | | | | | | | | | | | | | | | |
| **Krämpfe** | | | | | | | | | | | | | | | | | | |
| **Tremor** - Zittern | | | | | | | | | | | | | | | | | | |
| **Muskelsteifigkeit** - Rigor | | | | | | | | | | | | | | | | | | |
| **Bewegungsarmut** - Akinesie | | | | | | | | | | | | | | | | | | |
| **Ödeme** - Schwellungen | | | | | | | | | | | | | | | | | | |
| **Atemnot** | | | | | | | | | | | | | | | | | | |
| **Husten** | | | | | | | | | | | | | | | | | | |
| **Heiserkeit** | | | | | | | | | | | | | | | | | | |
| **Taubheitsgefühl** - Sensibilitätsstörung | | | | | | | | | | | | | | | | | | |
| **Überempfindlichkeit** Stressintoleranz | | | | | | | | | | | | | | | | | | |
| **Hörstörung** - Schwerhörigkeit | | | | | | | | | | | | | | | | | | |
| **Tinnitus** | | | | | | | | | | | | | | | | | | |
| **Sehstörung** | | | | | | | | | | | | | | | | | | |
| **Geschmacksstörung** | | | | | | | | | | | | | | | | | | |
| **Geruchsstörung** | | | | | | | | | | | | | | | | | | |
| **Brainfog** Gehirnnebel | | | | | | | | | | | | | | | | | | |
| **Konzentrationsstörung** unaufmerksam | | | | | | | | | | | | | | | | | | |
| **Merkstörung** Vergesslichkeit | | | | | | | | | | | | | | | | | | |



| **ART** und **ORT** der **BESCHWERDEN** | **INTENSITÄT** - wie stark? Bereich markieren<br>**leicht mäßig belastend stark extrem** | | | | | | | | | | | **SEIT** wann? | **Häufigkeit** wie oft pro.. | | | | | Weitere **Bemerkungen und Notizen:** |
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| | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | | **DAUERND** | **TAG** | **WOCHE** | **MONAT** | **JAHR** | |
| **Appetitlosigkeit** | | | | | | | | | | | | | | | | | | |
| **Heißhunger** auf Kohlenhydrate und Süßes | | | | | | | | | | | | | | | | | | |
| **Übelkeit** | | | | | | | | | | | | | | | | | | |
| **Erbrechen** | | | | | | | | | | | | | | | | | | |
| **Durchfall** – weicher Stuhl – wässriger Stuhl | | | | | | | | | | | | | | | | | | |
| **Verstopfung – harter Stuhl** Stuhlgang jed. 2.-3.- Tag | | | | | | | | | | | | | | | | | | |
| **Blähungen** | | | | | | | | | | | | | | | | | | |
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| **Juckreiz** | | | | | | | | | | | | | | | | | | |
| **Ausschlag Exanthem** | | | | | | | | | | | | | | | | | | |
| **Rötung** - Erythem | | | | | | | | | | | | | | | | | | |
| **Krampfadern** | | | | | | | | | | | | | | | | | | |
| **Trockenheit** der **Haut** - rissig Rhagaden | | | | | | | | | | | | | | | | | | |
| **Herzklopfen - Herzrhythmusstörung** | | | | | | | | | | | | | | | | | | |
| **Schlafstörung -** durch Schlaf NICHT regeneriert? | | | | | | | | | | | | | | | | | | |
| **Schwindel** - Gleichgewichtsstörung | | | | | | | | | | | | | | | | | | |
| **Schwitzen** | | | | | | | | | | | | | | | | | | |
| **Kältegefühl** mir ist häufig kalt | | | | | | | | | | | | | | | | | | |
| **Gynäkomastie** vergrößerte männliche Brustdrüsen | | | | | | | | | | | | | | | | | | |
| **erektile** Dysfunktion | | | | | | | | | | | | | | | | | | |
| **Libido** verringert | | | | | | | | | | | | | | | | | | |
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| **Tumor** – Größe in cm | | | | | | | | | | | | | | | | | | |
| **Weitere Beschwerden** hier eintragen: | | | | | | | | | | | | | | | | | | |
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| **Nervosität** – innere Unruhe | | | | | | | | | | | | | | | | | | |
| **Sorgen** | | | | | | | | | | | | | | | | | | |
| **Schuldgefühl** | | | | | | | | | | | | | | | | | | |
| **Wut** – Aggression - Zorn | | | | | | | | | | | | | | | | | | |
| Seelischer Schmerz – **depressiv** – verzweifelt, traurig.. | | | | | | | | | | | | | | | | | | |
| Fühle mich **wertlos** | | | | | | | | | | | | | | | | | | |
| **Motivationslos** - antriebslos | | | | | | | | | | | | | | | | | | |
| **Angst** – Unsicherheit | | | | | | | | | | | | | | | | | | |
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| **Ursächliche Faktoren** | **INTENSITÄT** - wie stark? Bereich markieren<br>leicht mäßig belastend stark extrem | | | | | | | | | | | Wann? Seit wann?<br>**Datum** | Weitere **Bemerkungen und Notizen** |
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| **Familiäre** Probleme | | | | | | | | | | | | | |
| **Partnerschafts** Probleme | | | | | | | | | | | | | |
| **Sexuelle** Probleme | | | | | | | | | | | | | |
| **Berufliche** od. schulische Probleme | | | | | | | | | | | | | |
| **Finanzielle** Probleme | | | | | | | | | | | | | |
| **Nahrungsmittel** Allergie - Unverträglichkeit | | | | | | | | | | | | | |
| **Hausstaub** Allergie | | | | | | | | | | | | | |
| **Pollen** Allergie | | | | | | | | | | | | | |
| **Tierhaar** Allergie | | | | | | | | | | | | | |
| **Kontakt** Allergie | | | | | | | | | | | | | |
| **Medikamenten** Allergie | | | | | | | | | | | | | |
| **Toxine** - Umweltgifte | | | | | | | | | | | | | |
| **Wasser - bakterielle Verschmutzung** | | | | | | | | | | | | | |
| **Wasser toxische Verschmutzung** | | | | | | | | | | | | | |
| **Schwermetalle** | | | | | | | | | | | | | |
| Amalgam | | | | | | | | | | | | | |
| **Zahnherd** - Foci | | | | | | | | | | | | | |
| Elektrodentaler Stromfluss | | | | | | | | | | | | | |
| **Raucher** | | | | | | | | | | | | | |
| **Verletzungen** – alte Narben | | | | | | | | | | | | | |
| Operationen | | | | | | | | | | | | | |
| **Impfungen** | | | | | | | | | | | | | |
| FSME 1 | | | | | | | | | | | | | |
| FSME 2 | | | | | | | | | | | | | |
| FSME 3 | | | | | | | | | | | | | |
| FSME 4 | | | | | | | | | | | | | |
| HPV 1 | | | | | | | | | | | | | |
| HPV 2 | | | | | | | | | | | | | |
| HPV 3 | | | | | | | | | | | | | |
| Covid mRNA 1 | | | | | | | | | | | | | |
| Covid mRNA 2 | | | | | | | | | | | | | |
| Covid mRNA 3 | | | | | | | | | | | | | |
| Mehrfachimpfung Diph-Tet-Pert Polio | | | | | | | | | | | | | |
| Mumps-Masern-Röteln | | | | | | | | | | | | | |
| Grippe | | | | | | | | | | | | | |
| Hepatits A | | | | | | | | | | | | | |
| Hepatitis B | | | | | | | | | | | | | |
| Gelbfieber | | | | | | | | | | | | | |
| Tollwut | | | | | | | | | | | | | |
| Weitere Impfungen: | | | | | | | | | | | | | |

| Ursächliche Faktoren | **INTENSITÄT** - wie stark? Bereich markieren<br>**leicht mäßig belastend stark extrem** | | | | | | | | | | | Wann? Seit wann? **Datum** | Weitere **Bemerkungen und Notizen** |
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| **Schlafmangel** - wieviel Std. schlafen sie Ø? | | | | | | | | | | | | | |
| **Lärm** Belastung | | | | | | | | | | | | | |
| **Staub** Belastung | | | | | | | | | | | | | |
| **Strahlung**sbelastung | | | | | | | | | | | | | |
| **Radiästhetische** Belastung | | | | | | | | | | | | | |
| **Elektrosmog** – Handy-Sender, PC.. | | | | | | | | | | | | | |
| **Schimmel** - Belastung | | | | | | | | | | | | | |
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