



Omar Moreno <bodysignalsonline@gmail.com>

Your symptoms' form has been sent

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Example of how to reevaluate your Symptoms in ARSF / RDSF correctly.

Hello Jane Marie

Symptoms are signals or messages that your body produces asking you for help, which you should attend to soon, to avoid aggravation and keep you in your best health.

Keep in mind that prevention is the best measure you can take to take care of your health and that of your family against present and future diseases a

If your symptom count is greater than be very useful.

If the count of your symptoms is equal your risk of sudden chronic degeneration DHLS for your health benefit.

Keep in mind that illness is always more basic level virtual conference.

If you have questions you can contact he / she indicates and in the message require.

If you do not have an assigned DHLS

Greetings and blessings

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<https://bodysignals.online/e/wsp> or
<https://wa.me/50768412312>

IMPORTANT FOR YOUR RE-EVALUATION: At the end of this form you must count your symptoms to know:

how many did you answer with the letters D, M and B; how many with the letter A; and how many with the sign -, =, +.

No results are guaranteed. Results may vary from person to person.

The excellent results at the end of this reevaluation indicate:

-The student started day 1 with 83 symptoms.

-At 30 days of practicing DHLS basic level the student only had 23 symptoms. In other words, lost 60 symptoms.

-At 30 days of practicing DHLS intermediate level, the student only had 10 symptoms. That is, lost 73 symptoms since DHLS day 1.

Date you fill out this form	: October-07-2020
Name	: Jane Marie
Last names	: Doe
ID number	: #####
Gender	: Female
Age	: 30
Birth Date	: September-25-1990
Mobile phone	: +1 305 486-3528
Country	: United States of America +1
Main Email address	: evsd05@gmail.com
Secondary Email (optional)	: director@bodysignals.online

This is the FIRST SECTION.
All the fields are required.



30 day reevaluation

60 day reevaluation

Name and Surname of the person who referred you	: Juana, Perez		INTERMEDIATE LEVEL
Mobile phone number of the person who referred you	: +507 6678 4567		
Person who cooks in your house	: my mother		
How many days of the week do you eat in restaurants?	: 2 days		
Height in centimeters	: 170		
Body weight in kilos	: 80	weight= 76 kg	weight= 72 kg
Choose your type of blood pressure	: I have low blood pressure (100/60)		This is still FIRST SECTION. All the fields are required.
Do you medicate for hypertension?	: No		
Surgeries that have been performed on you	: NA		
Organs removed or amputated	: NA		
Do you sleep with your windows closed?	: Yes	I ventilate my room	I ventilate my room
Do you talk a lot, fast or very fast?	: Yes, I speak fast	I have normalized speaking speed	I have normalized speaking speed even more
Do you hum, whistle, pray verbally?	: Yes, I hum or Whistle, Yes, I pray verbally		
Do you play musical instruments that you have to blow?	: No		
Genetic conditions in members of your family?	: Diabetes, Hypertension, Cancer		
Do you smoke?	: No		
Do your frequent friends smoke?	: Occasionally		
Workplace and Position you hold	: USA Company Inc, Secretary		
You work with hazardous materials	: NA		
Cleaning chemicals at home?	: Bar soap for whitening, Carpet cleaner, Chlorine, Clothes stain remover, Environmental deodorant, Floor disinfectant, Furniture cleaner / polish, Glass cleaner, Ironing starch, Liquid hand soap, Multi-purpose stain remover, Tile joint cleaner, laundry soap		
Do you live near chemical or electrical companies?	: No		
Do you suffer from kidney failure?	: No		
Do you suffer from diabetes?	: Yes	Diabetes= Yes	Pre-Diabetes
Write down the last 2 blood sugar readings	: 175, 225	Blood sugar= 135	Blood sugar= 100
Do you suffer, have you suffered or possibly suffer from cancer?	: No I have never had cancer		
Do you or did you receive chemo or radio?	: Never		
Do you sweat when exercising?	: A lot	I sweat less than before	I sweat normal
Cold sweat?	: No		

		30 day reevaluation	60 day reevaluation
Bowel movement frequency?	: 2 per day	BASIC LEVEL	INTERMEDIATE LEVEL
Do you have difficulty having a bowel movement?	: I have some difficulties	no difficulties in bowel movement	
Yellow or green phlegm from nose?	: No		
Yellow or green phlegm from throat?	: No		
Liquid in 8-ounce cups per day?	: 6	I drink 8 cups of liquid per day	I drink 10 cups of liquid per day
Do you eat fruits daily in 1 or more meals?	: Yes		
Do you eat vegetables daily in 1 or more meals?	: No	I eat vegetables finely chopped and mixed with foods	I eat vegetable better than before
Physical activity, cleaning work in your house	: all cleaning at home		
Do you do physical exercise?	: stationary bike, squats 1 day per week		
Pregnant or nursing?	: No		
How long has it been since you filled out this symptom form?	: I have never filled this form before		

Last part of the FIRST SECTION.
All the fields are required.

START TESTING AND COUNTING YOUR SYMPTOMS : ===== CHECK AND START COUNTING YOUR SYMPTOMS FROM HERE ON =====

		30 day reevaluation	60 day reevaluation
Heartburn or reflux?	: M	BASIC LEVEL	INTERMEDIATE LEVEL

Numbness, cramp, tingling, heaviness in extremities?	: D, numbness and tingling		
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Agitation, shortness of breath from activity?	: M		
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Startle and other discomfort when sleeping?	: D, startle		
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Allergies?	: D, sneezing due to dust		
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Angina pectoris?	:	- allergies	= allergies
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Bruxism?	: D		
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Asthma?	:		
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Arteriosclerosis?	:		
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Are you losing weight for no reason?	:		
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Excessive hair loss?	: D	- hair loss	- hair loss almost normal
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Candida Albicans in the mouth, vagina or skin?	: A		
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Morning tiredness?	: D, very tired		
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Tired during the day?	: D		
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Paranasal congestion?	:		
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Leg weakness?	: M		
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Weakness in arms and hands?	: M		
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Depression?	: D	- depression (less)	
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Flaking or dry feet or hands if you don't apply moisturizer?	: D		
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Imbalance when walking?	:		
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Low libido o erectile dysfunction?	: M		
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Dyspnoea?	:		
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Remember that if you do not feel the symptom anymore o almost do not feel it you should leave the answer box blank (no answer).

Use the following signs:

= allergies - if the symptom is less than before.

= if the symptom is same as before

+ if the symptom is stronger than before

		30 day reevaluation	60 day reevaluation
		BASIC LEVEL	INTERMEDIATE LEVEL
Emotional dyspnea?	: M		
Edema feet, hands, face	: D, feet when sleeping		
Do you feel chills or are you Chilly?	: D, even in warm places		
Constipation or difficult bowel movements?	: D		
Stress or anxiety?	: D	- stress	
What situations stress you the most?	: Family problems, My health problems		
Negative thoughts or feelings?	: D	- negativity	
Cold limbs?	: D, feet while sleeping	- cold limbs	- cold limbs, a lot less than before
Frequent fever for no reason	:		
External fever for more than 3 days?	:		
White or yellow vaginal discharge?	: D, yellowish, bad smelling	- vaginal discharge and no bad smelling	
Hot flashes, internal fever, subcutaneous burning, static electricity?	: D		
Clogged nostril?	: D		
Fragile capillary?	: M		
Sore throat?	:		
Gas in belly?	: D a lot	- gas in belly	
Oral or anal gas?	: D too much		
Hunger, do you experience a lot?	: M		
Low hemoglobin lately?	:		
Hemorrhoids, blood or anus discomfort?	: D, itching in anus		
Slow healing skin wounds?	:		
Hiccup?	: A		
Fungi on fingernails or toenails?	:		
Vaginal infection?	: M		
Insomnia?	: D		
Menstrual irregularity?	:		
Irritability?	: D, I control it	-irritability, I control it better	
Excessive lacrimation?	: M		
Light or dark spots on skin?	: D, light spots	-spots on skin	- spots on skin (less than in basic level)
Stiff hands upon waking or during the day?	: D		
Dizziness or Vertigo?	:		
Bad memory?	: D	-bad memory (less)	
Discomfort in abdomen?	: D		
Lower belly discomfort?	: M		
Head discomfort?	: M		
Hip-thigh discomfort?	: B		
Elbow discomfort?	: B	-elbow pain	
Posterior hip discomfort?	: D		
Heart discomfort?	: B		
Rib discomfort?	:		

Its is normal to have a little gas in your intestines

Remember that if you do not feel the symptom anymore or almost do not feel it you should leave the answer box blank (no answer). Use the following signs:
 - if the symptom is less than before.
 = if the symptom is same as before
 + if the symptom is stronger than before



30 day reevaluation
BASIC LEVEL

60 day reevaluation
INTERMEDIATE
LEVEL

- Neck discomfort? : D for no reason
- Finger discomfort? : M
- Upper back discomfort? : D due to stress
- Mid spine discomfort? :
- Lateral mid back discomfort? : D
- Lower back or lumbar discomfort? : D
- Shoulder discomfort? : M
- Jaw discomfort? :
- Hand discomfort? :
- Mastoid discomfort? : B
- Wrist discomfort? : M
- Muscle discomfort? :
- Thigh discomfort? :
- Shoulder blade discomfort? : B
- Ovarian discomfort, cramps or menstrual syndrome? : M, PMS
- Discomfort in ovary, cysts? : D, cysts
- Foot discomfort? : M
- Calf discomfort? :
- Knee discomfort? : M
- Breast discomfort? : M, pain & pulling
- Breast discomfort, cysts? : D, cysts
- Ankle discomfort? : M
- Ears or Hearing annoying? : M, itches, buzzes
- Eyes or sight bothersome? :
- Eyes, blurred vision? :
- Discomfort when urinating : M, splits in 2
- Foamy urine? : M
- Urine, increase in frequency? : M
- Osteoporosis and osteopenia? :
- Itchy skin when sweating? : M
- Itchy vagina? : M
- Skin discomfort? : D, Dry skin, pimples
- Perineum bothersome? :
- Dry mouth? : D
- Dry mucosa or vagina? : D
- Failed cold? : M
- NULL COLD (required) : Yes, I have coughed up GREEN MOCO LESS than 3 years ago when I caught a cold
- Do you snore loud or low? : D, loud
- Strange taste in the morning or during the day? : D, when wake up
- Strange taste when eating fat? : M
- Excessive, white, acidic saliva? :
- Saliva little, difficult to produce saliva : D
- Sinusitis or rhinitis? :
- Excessive overweight? : D

- lower back pain

- Shoulder pain

- PMS

- ovary complaint

- breast cyst (It is smaller)

- ear buzzes less

- pimples, a lot less

- less snoring

- less overweight



Remember that if you do not feel the symptom anymore or almost do not feel it you should leave the answer box blank (no answer).

Use the following signs:

- if the symptom is less than before.
- = if the symptom is same as before
- + if the symptom is stronger than before

- ovary complaint (a lot less than before)

= breast cyst

= snoring

- overweight

		30 day reevaluation BASIC LEVEL	60 day reevaluation INTERMEDIATE LEVEL
Do you sweat a lot mainly from your waist up?	:		
Sweat feet or hands?	:	M	
Tremors in extremities?	:	D in hands	
Do you have a Benign Tumor?	:	D, mioma in uterus - big	- less discomfort in my lower abdomen
popping, clatter or jolting sound in joints	:	D	- less discomfort my lower abdomen than in the basic level
Nails are weak or do not grow?	:	D, do not grow and weak	
External varicose veins?	:	D, medium size	- varicous veins smaller = varicous veins
Internal varicose veins?	:		
Varicose veins hurt or itch?	:	M, itches and hurt	
=== WHAT SERVICE DO YOU WANT TO USE? ===	:	DHLS Medium Level Conference	
Photo of your left iris (optional)	:		
Photo of your right iris (optional)	:		
Additional medical diagnoses or comments	:	I have 7 friends interested in this basic level.	

count your symptoms after 30 days of practicing each DHLS level to know your health improvements

 **FormSintoCore1.pdf**
308K

Total symptoms after 30 days using BASIC DHLS LEVEL is 23

Total symptoms after 30 days using INTERMEDIATE DHLS LEVEL is 10

On my first evaluation I counted (day 1):
83 symptoms answered with letters D, B and M and
2 symptoms answered with letter A.

Congratulations! you have improved your health and lost 60 discomforts in 30 days. No results are guaranteed. Results may vary from person to person.

Congratulations! you have improved your health and lost 73 discomforts in 60 days. No results are guaranteed. Results may vary from person to person.