



Omar Moreno <bodysonline@gmail.com>

### Your symptoms' form has been sent

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7 de octubre de 2020 a las 17:50

## Example of how to re-evaluate your Symptoms' Form (ARSF/RDSF) correctly

Hello Jane Marie

Symptoms are signals or messages that help you avoid aggravation and keep you healthy. Keep in mind that prevention is key against present and future disease.

If your symptom count is greater than 60, it can be very useful.

If the count of your symptoms is greater than 60, your risk of sudden chronic disease is high. DHLS for your health benefit.

Keep in mind that illness is a basic level virtual conference.

If you have questions you can contact me. He / she indicates and in the future we will require.

If you do not have an assigned DHLS instructor, you can contact me (Dr. Moreno) at the number below.

Greetings and blessings

Dr. Omar Moreno ND, AF, DHLS MI  
DHLS Master Instructor.  
+507 6841-2312  
<https://bodysignals.online/e/wsp> or  
<https://wa.me/50768412312>

It is very common for most people to have between 21 and 60 symptoms. This is good and means that your body's alarm messages are working fine and are asking for your help. Don't worry, DHLS will help you regain control of your life and health.

**IMPORTANT FOR YOUR REEVALUATION:** At the end of this form you must count your symptoms to know: how many you answered with the signs -, =, +.

let's see the symptoms reevaluation in RED PRINT after 30 days of practicing DHLS Basic Level

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 [REDACTED]
Country	: United States of America +1
Main Email address	: [REDACTED]@gmail.com
Secondary Email (optional)	: [REDACTED]

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



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

Name and Surname of the person who referred you : Juana, Perez  
 Nov 7th, 2020  
 auto-reevaluation after

Mobile phone number of the person who referred you : +507 6678 4567  
 30 days of practice  
 of DHLS

Person who cooks in your house : my mother  
 Basic level

How many days of the week do you eat in restaurants? : 2 days

Height in centimeters : 170

Body weight in kilos : 80

Choose your type of blood pressure : I have low blood pressure (100/60)  
 Body weight 78.5 kg

Do you medicate for hypertension? : No

Surgeries that have been performed on you : NA  
 -----  
 I ventilate my room  
 every 4 hours  
 with oxygen-rich  
 air from outside

Organs removed or amputated : NA

Do you sleep with your windows closed? : Yes  
 -----  
 Now I speak with  
 normal speed to improve  
 my cells oxygenation.

Do you talk a lot, fast or very fast? : Yes, I speak fast

Do you hum, whistle, pray verbally? : Yes, I hum or Whistle, Yes, I pray verbally  
 -----  
 I do not whistle any more  
 to improve my cells  
 oxygenation

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  
 -----  
 I try to avoid cigarette  
 smoke as much  
 as possible.

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  
 -----  
 I wear gloves  
 to avoid contact  
 of harmful chemicals  
 with my skin

Do you suffer from kidney failure? : No

Do you suffer from diabetes? : Yes

Write down the last 2 blood sugar readings : 175, 225  
 -----  
 my blood sugar is now  
 lower, 140

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  
 -----  
 Now I sweat  
 normal

Do you sweat when exercising? : A lot

Cold sweat? : No

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

Bowel movement frequency?	: 2 per day	Nov 7th, 2020
Do you have difficulty having a bowel movement?	: I have some difficulties	← Bowell movement It is fine now
Yellow or green phlegm from nose?	: No	----
Yellow or green phlegm from throat?	: No	
Liquid in 8-ounce cups per day?	: 6	← now I drink 8 cups of liquid distributed in 6 sips every hour
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 now.
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	

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

← Here begins the SECOND SECTION. Almost all the fields are optional.

Heartburn or reflux?	: M		
Numbness, cramp, tingling, heaviness in extremities?	: D, numbness and tingling	-numbnes	← If you have practiced DHLS well for 30 days and you reevaluate your symptoms in the last 3 days (today, yesterday, the day before yesterday), you may see that some symptoms have decreased and others disappeared. If you have practiced DHLS well, but some discomfort still persist, you may need to practice the next level of DHLS.
Agitation, shortness of breath from activity?	: M	-agitation	
Startle and other discomfort when sleeping?	: D, startle		
Allergies?	: D, sneezing due to dust	- sneezing	
Angina pectoris?	:		
Bruxism?	: D		
Asthma?	:		
Arteriosclerosis?	:		
Are you losing weight for no reason?	:		Grade your conditions in the following way:
Excessive hair loss?	: D	- hair loss	
Candida Albicans in the mouth, vagina or skin?	: A		you do not feel or hardly feel the symptom, leave the answer box blank (no answer).
Morning tiredness?	: D, very tired		
Tired during the day?	: D	-tired during day	If now you feel the symptom in less frequency, duration or intensity, write the sign (-),
Paranasal congestion?	:		
Leg weakness?	: M		
Weakness in arms and hands?	: M		
Depression?	: D	- depression	if you feel it the same as before write (=),
Flaking or dry feet or hands if you don't apply moisturizer?	: D		and if you feel it more than before write the sign (+).
Imbalance when walking?	:		
Low libido o erectile dysfunction?	: M		
Dyspnoea?	:		

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Emotional dyspnea? : M

Edema feet, hands, face : D, feet when sleeping ← -edema

Do you feel chills or are you Chilly? : D, even in warm places -chills

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

Frequent fever for no reason :  
External fever for more than 3 days?

White or yellow vaginal discharge? : D, yellowish, bad smelling

Hot flashes, internal fever, subcutaneous burning, static electricity? : D - internal hot flashes

Clogged nostril? : D

Fragile capillary? : M

Sore throat? :

Gas in belly? : D a lot - gas but still bothers

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 -itching in anus

Slow healing skin wounds? :

Hiccup? : A

Fungi on fingernails or toenails? :

Vaginal infection? : M

Insomnia? : D -insomnia

Menstrual irregularity? :

Irritability? : D, I control it -irritability

Excessive lacrimation? : M

Light or dark spots on skin? : D, light spots ← -spots

Stiff hands upon waking or during the day? : D ← -stiff hands

Dizziness or Vertigo? :

Bad memory? : D -bad memory

Discomfort in abdomen? : D

Lower belly discomfort? : M -lower belly

Head discomfort? : M ← -head discomf

Hip-thigh discomfort? : B

Elbow discomfort? : B

Posterior hip discomfort? : D -hip discomfort

Heart discomfort? : B

Rib discomfort? :

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Neck discomfort?	: D for no reason	
Finger discomfort?	: M	-finger discomfot
Upper back discomfort?	: D due to stress	
Mid spine discomfort?	:	
Lateral mid back discomfort?	: D	
Lower back or lumbar discomfort?	: D	← -lower back discomfort -shoulder dis
Shoulder discomfort?	: M	←
Jaw discomfort?	:	
Hand discomfort?	:	
Mastoid discomfort?	: B	
Wrist discomfort?	: M	=wrist discomfort
Muscle discomfort?	:	
Thigh discomfort?	:	
Shoulder blade discomfort?	: B	
Ovarian discomfort, cramps or menstrual syndrome?	: M, PMS	-PMS
Discomfort in ovary, cysts?	: D, cysts	=ovary cyst
Foot discomfort?	: M	
Calf discomfort?	:	
Knee discomfort?	: M	-knee dis
Breast discomfort?	: M, pain & pulling	
Breast discomfort, cysts?	: D, cysts	-breast disc
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 skin
Itchy vagina?	: M	
Skin discomfort?	: D, Dry skin, pimples	-dry skin, pimples
Perineum bothersome?	:	
Dry mouth?	: D	-dry mouth
Dry mucosa or vagina?	: D	-dry vagina
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	← -snore
Strange taste in the morning or during the day?	: D, when wake up	
Strange taste when eating fat?	: M	-strange taste when wakeup
Excessive, white, acidic saliva?	:	
Saliva little, difficult to produce saliva	: D	
Sinusitis or rhinitis?	:	
Excessive overweight?	: D	-overweight

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Do you sweat a lot mainly from your waist up? :  
 Sweat feet or hands? : M -sweat feet  
 Tremors in extremities? : D in hands ← -tremors  
 Do you have a Benign Tumor? : D, mioma in uterus - big =mioma  
 popping, clatter or jolting sound in joints : D -joint sound  
 Nails are weak or do not grow? : D, do not grow and weak  
 External varicose veins? : D, medium size =varicous  
 Internal varicose veins? : =veins  
 Varicose veins hurt or itch? : M, itches and hurt  
 === WHAT SERVICE DO YOU WANT TO USE? === : DHLS Basic Level eBook  
 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. I am using DHLS basic level for 30 days.

 **FormSintoCore1.pdf**  
308K

REEVALUATION  
FOR BASIC  
LEVEL  
=42 symptoms

Result is  
excellent. Jane  
has lost 41  
symptoms

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