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## 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 tell you to stop and avoid aggravation and keep your body healthy. Keep in mind that prevention is the 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 call me / she indicates and in the future we will require.

If you do not have an assignment, please contact me.

Greetings and blessings

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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 BLUE PRINT after 30 days of practicing DHLS Intermediate 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 30 days of practice of DHLS Basic level	Dec 7th, 2020 auto-reevaluation after 30 days of practice of DHLS 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		
Choose your type of blood pressure	: I have low blood pressure (100/60)	Body weight 78.5 kg	Body weight 75 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		
Do you talk a lot, fast or very fast?	: Yes, I speak fast	Now I speak with normal speed to improve my cells oxygenation.	
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	I do not whistle any more to improve my cells oxygenation	
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	my blood sugar is now lower, 115
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	Dec 7th, 2020
Do you have difficulty having a bowel movement?	: I have some difficulties	← <b>Bowell movement</b> 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	← <b>now I drink 8 cups of liquid distributed in 6 sips every hour</b>	<b>now I drink more cups of liquid per day distributed every hour</b>
Do you eat fruits daily in 1 or more meals?	: Yes		
Do you eat vegetables daily in 1 or more meals?	: No	← <b>I eat vegetables now.</b>	
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	-numbness		← 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	-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		
Paranasal congestion?	:			If now you feel the symptom in less frequency, duration or intensity, write the sign (-),
Leg weakness?	: M			
Weakness in arms and hands?	: M			
Depression?	: D	- depression	- even less depressions than before	if you feel it the same as before write (=),
Flaking or dry feet or hands if you don't apply moisturizer?	: D			
Imbalance when walking?	:			and if you feel it more than before write the sign (+).
Low libido o erectile dysfunction?	: M			←
Dyspnoea?	:			

Nov 7th, 2020

Dec 7th, 2020

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	- very little 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
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	-gas discomfort
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	-spots
Stiff hands upon waking or during the day?	: D	← -stiff hands	-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	-hip discomf
Heart discomfort?	: B		
Rib discomfort?	:		

Nov 7th, 2020

Dec 7th, 2020

Neck discomfort?	: D for no reason		
Finger discomfort?	: M	-finger discomfot	-finger discomfort
Upper back discomfort?	: D due to stress		
Mid spine discomfort?	:		
Lateral mid back discomfort?	: D		
Lower back or lumbar discomfort?	: D	← -lower back discomfort	-lower back discomfort
Shoulder discomfort?	: M	← -shoulder dis	
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	-PMS (a lot less)
Discomfort in ovary, cysts?	: D, cysts	=ovary cyst	-ovary cyst
Foot discomfort?	: M		
Calf discomfort?	:		
Knee discomfort?	: M	-knee dis	-knee discomfort
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	-pimples
Perineum bothersome?	:		
Dry mouth?	: D	-dry mouth	
Dry mucosa or vagina?	: D	-dry vagina	-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	-overweight

Nov 7th, 2020

Dec 7th, 2020

Do you sweat a lot mainly from your waist up? :  
 Sweat feet or hands? : M -sweat feet  
 Tremors in extremities? : D in hands ← -tremors -tremors  
 Do you have a Benign Tumor? : D, mioma in uterus - big =mioma -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 -varicous  
 Internal varicose veins? : =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**  
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REEVALUATION  
 AFTER USING  
 BASIC LEVEL  
 FOR 30 DAYS  
 =42 symptoms

REEVALUATION  
 AFTER USING  
 DHLS INTERME  
 DIATE LEVEL  
 FOR 30 DAYS  
 =19 symptoms

Result is  
 excellent. Jane  
 has lost 41  
 symptoms in  
 30 days

Result is  
 excellent. Jane  
 has lost 64  
 symptoms in  
 60 days

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