B.E.S.T. Case Study Form

Practitioner Name (print):	Date:
List the primary reason the practice member came to	see you.
What additional challenges or concerns did they have with 10 being the most severe.	e with health, relationships, or wealth? Please rate them from 1-10,
Health Concerns:	Severity Rating
1	()
2	()
3	()
Relationship Concerns:	
1	()
2	()
3	()
Financial Concerns:	
1	()
2	()
3	()
List the desired goal in each category and rate them	from (1, 10), with 10 hoing the most important
Note: They could all be rated 10.	nom (1-10), with 10 being the most important.
Health Goals:	Importance Rating
1	•
2	
3Relationship Goals:	()
1	
2	
3 Financial Goals:	()
1	
2	
3	()
Initial Observations/Findings:	

Level of	B.E.S.T. utilized.		Ex: Health: (X) Morter March	(X) Bo	ody/Mind B.E.S	.T.	
Health	Concerns:							
1	. () Morter March	() Body/Mind B.I	E.S.T.				
2	. () Morter March	(() Body/Mind B.E.S.T.					
3	. () Morter March	() Body/Mind B.E	S.T.				
Relati	onship Concerns:	ı !						
1	. () Morter March	() Body/Mind B.I	E.S.T.				
2	. () Morter March	() Body/Mind B.I	E.S.T.				
3	3. () Morter March	() Body/Mind B.I	E.S.T.				
Finan	cial Concerns:							
1	. () Morter March	() Body/Mind B.I	E.S.T.				
2	() Morter March	(
3	. () Morter March	() Body/Mind B.I	E.S.T.				
Post Trea	atment Observatio	ns/	Findings					
	n Severity Rating F							
	ctice member's opi							
	xample: <u>Health</u> 1.	pre		-	ed with a s	-		
	<u>lealth</u>	,		<u>lationship</u>	,		nancial	
1. pre () and post ()	1. pre () and post ()	1. pre () and post ()
2. pre () and post ()	2. pre () and post ()	2. pre () and post ()
3. pre () and post ()	3. pre () and post ()	3. pre () and post ()
	al Support Recom	me	ndations					
Initial rec	commendations:							
Follow u	p recommendation	ıs:						
Practice	member comment	s						

results.
Practitioner's Signature
MHS Use Only
Approved () MHS Authorized Signature
Not Approved () MHS Authorized Signature
If not approved, the Case Study form will be returned to the practitioner with suggestions, comments, and specific
direction for improvement. The case study form must be resubmitted and approved to be included in the requirements for the Certification process.
requirements for the Certification process.