

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 health, relationships, or wealth? Please rate them from 1-10, with 10 being the most severe.

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 being the most important.

Note: They could all be rated 10.

Health Goals:

Importance Rating

1. _____

()

2. _____

()

3. _____

()

Relationship 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) Body/Mind B.E.S.T.

Health Concerns:

- 1. () Morter March () Body/Mind B.E.S.T.
- 2. () Morter March () Body/Mind B.E.S.T.
- 3. () Morter March () Body/Mind B.E.S.T.

Relationship Concerns:

- 1. () Morter March () Body/Mind B.E.S.T.
- 2. () Morter March () Body/Mind B.E.S.T.
- 3. () Morter March () Body/Mind B.E.S.T.

Financial Concerns:

- 1. () Morter March () Body/Mind B.E.S.T.
- 2. () Morter March () Body/Mind B.E.S.T.
- 3. () Morter March () Body/Mind B.E.S.T.

Post Treatment Observations/Findings

Symptom Severity Rating Pre & Post treatment.

In the practice member's opinion, please ask and rate their symptom progress.

Example: **Health** 1. pre (10) and post (3) *They started with a severity of 10 and are now a 3*

<u>Health</u>	<u>Relationship</u>	<u>Financial</u>
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 ()

Nutritional Support Recommendations

Initial recommendations:

Follow up recommendations:

Practice member comments
