

## B.E.S.T. Case Study Form

Ideally, you will see each client 3 times to complete 1 case study

Practitioner Name (print): Please print your name here Date: \_\_\_\_\_

List the primary reason the practice member came to see you.

\*Selfexplanatory

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. Your client may only want to work on one or two of the options below and that is fine. Just complete the sections that apply to each client. The Severity Rating is how they present. Example if they are working on Headaches under HealthConcerns, the severity rating would be rated 1-10 based on severity of pain 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. Again, only complete the sections your client is interested in working on. If they are working on Headaches, a goal may be: Decreasing the intensity of each headache; or decreasing the number of times per week headaches occur, etc. Importance rating is using that same 1-10 scale. How important is it to them in their daily lives to attain the goal(s) they have listed there?

### Health Goals:

### Importance Rating

1. \_\_\_\_\_

( )

2. \_\_\_\_\_

( )

3. \_\_\_\_\_

( )

### Relationship Goals:

1. \_\_\_\_\_

( )

2. \_\_\_\_\_

( )

3. \_\_\_\_\_

( )

### Financial Goals:

1. \_\_\_\_\_

( )

2. \_\_\_\_\_

( )

3. \_\_\_\_\_

( )

**Initial Observations/Findings:** List in this section anything you notice evaluating the client. Example: Right shoulder elevated; Limited range of motion to the right in the neck, etc.

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**Level of B.E.S.T. utilized.** Ex: **Health:** ( X ) Morter March ( X ) Body/Mind B.E.S.T.

Place an X in the type of B.E.S.T. you used to work on each concern. Again, only focusing on the areas the client is interested in working on.

**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** List post-observation findings here. Example: Increased range of motion in the neck; Shoulders balanced, bilaterally (both sides), etc.

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**Symptom Severity Rating Pre & Post treatment.** Transfer your severity ratings from page one for the Pre-rating. Then ask the client to evaluate the severity for each applicable section after your treatment and write that in the Post – rating.

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** Write any nutritional recommendations here. Example: 5 Alkagreen tablets per day for 2 weeks; 1 dropper of Trace Minerals per day for 30 days, etc.

**Initial recommendations:** You would write any recommendations you gave to the client here. Example: Increase water intake by 8 ounces; Walk 20 minutes per day; Morter March at least 3 times per day,etc.

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