

Subject: HealthGuard 138™ Form [Danny Brenneisen]
From: BSI International Clinics at Bali <it@bsi.international>
Date: 7/14/2026, 09:22
To: survey@bsi.international

Patient Full Name

Danny Brenneisen

Membership

I am not yet a Member Patient

Field ID #417

I have previously received services or IV therapy at BSI or IV Drips Bali

The last time I received services or IV therapy at BSI or IV Drips Bali was...

Never

Contact

WhatsApp

WhatsApp

+628113999335

Profession(s)

Job

Working Status

Working full or part time

Date Submitted

07/14/2026 01:15:50 AM

IP Address

114.122.164.172

Form Name

HealthGuard 138

Version

19 Feb 2024

Present Patient Location

Berawa

Email

danny@karussell.me

Please choose where you want to see the BSI Doctor...

Canggu / Tibubeneng, Doctor Vincent for all services

Nationality

German

Patient Gender

Biological male

Referred by Whom

Mever

Field ID #567

✓ HealthGuard 138™ Deep Diagnostics & Natural Therapies - Rp. 4,450,000

Please clarify in detail what you are requesting from BSI

General blood test → last time

Total (estimated, not including therapies and medicines)

Rp. 4,450,000

When would you like to book an appointment ?

July 14, 2026 10:00

Service Timing Parameters

I am in Bali for 6 weeks or more, and can receive full services (recommended).

Are You Able to Care for Yourself, Able to Walk?

YES, I am able to care for myself and walk

Present Age in Years

Date of Birth (m/d/y)

2/23/1993

Faith, Religion, or Practice

Catholic

Please Fully Describe the Illness or ConcernsBad tummy graps a while→ pls explain
triggers?

→ 1 week
 bloating (+) nausea yesterday (+)
 cramps (+)
 → 3 days diarrhea (+)
 → 3 days

Present Weight

84

Blood Type (if known)

Don't know

Present Height

Present height

Present height

183

Blood Thalassemia

No, I do not have Thalassemia

Hemophilia

No, I do not have Hemophilia

Describe Your Exercise Habits

Type 3: Occasional or frequent running, jumping, trampoline, jogging, horseback (lymphatic stimulation and impact exercise)

Stress Level

6 (Very stressed and emotional, need distance, occasional snapping / yelling at others)

Time I normally go to bed

11:00

Time I normally awaken

08:30

Nap

I do not take naps

Normal Sleep Habits

I would like to sleep more after waking up

Usual Diet. Does the Patient Consume these Weekly or Daily?

Wheat products (bread, pasta, noodles etc.)

Foods and Beverages Consumed DAILY

Bred

Do You Eat in Restaurants / Cafes / Street Vendors, etc?

1-3 times per week

Nutritional Supplements

Minerals, combined or singular / total daily

General Health Questions

Never or none of the above

Brain and Head Area

None of the above

Oral & Dental

I have very healthy teeth and gums

Thyroid Disorders / Swelling

Never or not sure

Sinus, Ears, Throat

Never or note sure on all the above

Eyes

None of the above

Digestive System

Never or none of the above

Respiratory System

Never or none of the above

Smoking

Never or none of the above

Kidneys, Adrenal Glands, Bladder, Urinary Tract

None of these or other response

Heart and Circulatory System

Never, none of these

Skin and Body Surface

Never or none of these

Male Considerations

Never or none of these

Allergies

Never or not sure

Autoimmune Disorders

Never or not sure.

Cancers

Never, or not sure

Hepatitis or Liver Disease

Never or none of the above

Herpes

Never or none of these

Toxic Exposures

Never or none of the above

Radioactivity Exposures

Never or none of the above

Common Medications the Patient has Taken during the Past 2 Years or Less

None of these

All CURRENT medications, supplements, herbal medications, etc. you are taking

None i enough fromsss !!!

Vaccines or Inoculations – Did you have reactions ? If so, how and where? Did you experience the covid infection afterward ? Have you received these over the years?

Not sure → vaccine?
covid infection?

Antibiotics in the Past 5 Years

Never have taken antibiotics.

Happiness and Well Being

Other answer not listed above

Therapies Received in the Past 2 Years or Now Receiving

Never or none of the above

Surgeries and Operations

None of the above

Anti-Fungal Medicines

Never or none of the above

Parasites

Never or none of these. Please explain

Anything Else of Relevance

No more questions enough !!!

https://survey.bsi.international/wp-admin/admin.php?page=wpforms-entries&view=details&entry_id=1573

Sent from [BSI Survey](#)