eutonics
Körperarbeit und psychologische Beratung
Pulverweg 42a CH-3006 Bern
www.eutonics.ch

Romy Fischer
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Beckenboden-Trainerin
BeBo ®

| Name: | Geburts-datum: |
|---|---|

**Miktionskalender:**

| Datum: | Zeit: | Trink-menge: (dl) | Drang: (stark, mittel schwach) | Ungewollter Urin/Stuhlverlust: (in welcher Situation? Wieviel Stuhl/Urin ging ab? | Urin Menge (dl pro Mal?) | Bemerkungen |
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| *Beispiel* | *12:30* | *2 dl* | | | | |
| *Beispiel* | *15:45* | | *mittel* | *beim Lachen/ Husten* | *1 dl* | |
| *Beispiel* | *16:45* | | *hoch* | | *0.5 dl* | |