

Multi-System Complexity & Phased Protocol Worksheet

Client Name: _____ Date: _ _ Practitioner: _____

Section 1: The "Linchpin" System Identification

Based on the Functional Hierarchy of Needs, identify the primary driver (The "Knot") before addressing secondary symptoms.

Key Biomarker Review: - [] **Inflammation (hs-CRP):** _ (Goal: < 1.0) - [] **Blood Sugar (HbA1c):** _ (Goal: 4.8% – 5.2%) - [] **Thyroid (Free T3):** _ (Goal: 3.0 – 4.0 pg/mL) - [] **Vitamin D:** _ (Goal: 50 – 80 ng/mL)

Primary Linchpin System (Select One): ☐ **Immune/Inflammatory** (High hs-CRP, joint pain, food sensitivities) ☐ **Metabolic** (High HbA1c, midsection weight gain, brain fog) ☐ **Gut/Digestive** (PPI use, reflux, malabsorption, bloating) ☐ **HPA-Axis/Stress** (High stress, poor sleep, "tired but wired")

Section 2: Medication-Nutrient Interaction Map

Identify how current medications may be creating physiological "vicious cycles."

Medication	Potential Nutrient Depletion / Side Effect	Impact on Client Symptoms
PPIs (e.g., Omeprazole)	Low B12, Zinc, Magnesium, Selenium	Inhibits T4 → T3 thyroid conversion
NSAIDs (e.g., Ibuprofen)	Intestinal Permeability (Leaky Gut)	Drives systemic inflammation/joint pain
Antidepressants	Microbiome shifts / Folate depletion	May mask neuro-inflammation
Thyroid Meds	Potential malabsorption if gut is inflamed	Dose may become toxic as gut heals

Section 3: The 3-Phase Clinical Strategy

Map out the transition from "Extinguishing the Fire" to "Root Cause Resolution."

Phase 1: Extinguish the Fire (Weeks 1–4)

Goal: Reduce systemic inflammation and stabilize blood sugar. * **Dietary Focus:** _____ * **Key Support (e.g., Omega-3, Curcumin):** _____ * **Lifestyle (e.g., Circadian Reset):** _____

Phase 2: Restore the Barrier (Weeks 5–12)

Goal: Optimize digestion and repair gut-barrier integrity. * **Digestive Support (e.g., Bitters, ACV):** _____ * **Barrier Repair (e.g., L-Glutamine, Zinc):** _____ * **Conversion Support (e.g., Selenium):** _____

Phase 3: Optimize & Sustain (Month 4+)

Goal: Metabolic flexibility and hormonal fine-tuning. * **Metabolic (e.g., Berberine, ALA):** _____ * **Advanced Testing (e.g., Full Thyroid/Dutch):** _____

Section 4: Referral Triggers & Scope Safety

Check any that apply. If checked, a formal referral note to an MD is required.

- ☐ **Cognitive:** Sudden or severe cognitive decline/memory loss (Rule out early-onset pathology).
- ☐ **Autoimmune:** Migrating joint pain unresponsive to 30 days of anti-inflammatory protocol.
- ☐ **Medication:** Client showing signs of over-medication (e.g., heart palpitations) as gut health improves.
- ☐ **Red Flags:** Unexplained weight loss, night sweats, or severe localized pain.

MD Referral Note Sent? ☐ Yes ☐ N/A **Date:** _____

Practitioner Observations & Reflection:

The "Thread" to pull first: _____

Client's Primary Motivation: _____
