

Clinical Sequencing & 3-Phase Roadmap

Client Name: _____ Date: _____

Section 1: The "Lead Domino" Assessment

Before building the protocol, identify the primary barriers to healing based on the "Rule of Three" (Digestion, Blood Sugar, Sleep).

1. Drainage & Elimination (The Exit Doors): - ☐ Bowel movements occur 1-2x daily? (If no, this is Priority #1) - ☐ Hydration is adequate (half body weight in oz)? - ☐ Is the client currently in a moldy/water-damaged environment?

2. Nutrient Cofactors: - ☐ Ferritin Level: _ (Goal: >50 ng/mL for thyroid function) - ☐ Vitamin D Level: _ (Goal: 50-80 ng/mL for immune modulation)

3. Red Flag Screen (Referral Required?): - ☐ Unexplained weight loss/gain? - ☐ Severe anemia or cardiac palpitations? - ☐ Neurological symptoms or chronic sinusitis? - **Referral Action Taken:** _____

Section 2: The 3-Phase Strategy Worksheet

Map out the clinical sequence to prevent "healing crises" and ensure compliance.

Phase	Clinical Focus	Key Interventions (Food, Lifestyle, Supps)
Phase 1: Stabilization & Drainage (Weeks 1-4)	Goal: Open exit pathways & address nutrient gaps.	1. _____ 2. _____ 3. _____
Phase 2: Gut & Inflammation Reset (Weeks 5-12)	Goal: Lower antibodies & repair the GI barrier.	1. _____ 2. _____ 3. _____
Phase 3: Deep Detox & Resilience (Month 4+)	Goal: Mobilize toxins (Mold/Metals) & HPA support.	1. _____ 2. _____ 3. _____

Section 3: Practitioner Reasoning & Reflection

The Lead Domino: What is the *one* thing that, if addressed, makes everything else easier? (e.g., Addressing constipation before starting binders).

Scope Check: - [] I have confirmed I am not adjusting or advising on prescription medications. - [] I have discussed the "Healing Crisis" risk if Phase 1 is skipped.

Client Readiness Score (1-10): ____ (*How likely is the client to adhere to a phased approach vs. wanting a "quick fix"?*)

Next Steps:

1. _____
 2. _____
 3. **Scheduled Follow-up Date:** _____
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