

THE R.O.O.T.S.™ COMPLEX CASE ROADMAP & LAYERING WORKSHEET

Client Name: _____ Date: _____ Primary Goal: _____

SECTION 1: THE UNIFIED NARRATIVE (REVEAL PHASE)

Instead of listing 10+ symptoms, identify the 2-3 leverage points where systems intersect.

The 3 Key Nodes (Identify Primary Triggers): * [] Assimilation (Gut): (e.g., Bloating, permeability, food sensitivities) _____ * [] Defense & Repair (Immune): (e.g., Autoimmunity, systemic inflammation) _____ * [] Biotransformation (Liver/Detox): (e.g., Chemical sensitivity, skin issues) _____

The "Leverage Point" Hypothesis: If we address _____ and _____, we expect the other symptoms to improve.

SECTION 2: HIERARCHICAL LAYERING TRACKER

Use this to ensure the client is physiologically ready for advanced interventions.

Layer	Phase	Goal	Status
STEP 1: Extinguish the Fire	Optimize	Reduce inflammation (Diet, Sleep, Nervous System). Aim for 30% symptom reduction.	[] In Progress [] Complete
STEP 2: Open Drainage	Organize	Ensure daily BM, hydration, and sweat. Do not move to Step 3 if constipated.	[] In Progress [] Complete
STEP 3: Surgical Targeting	Target	Antimicrobials, heavy metal detox, or hormone protocols.	[] Not Started [] Active

SECTION 3: THE 24-MONTH CLINICAL EVOLUTION

Map the journey to manage client expectations and prevent "protocol burnout."

- **Phase 1: Stabilization (Months 1–3)**

- Focus: Optimize & Reveal.
- Action Items: _____

- **Phase 2: The Deep Work (Months 4–9)**

- Focus: Target (Root Cause Resolution).
- Action Items: _____

- **Phase 3: Resilience & Sustainability (Months 10–24)**

- Focus: Hormesis, Maintenance, and Prevention.
 - Action Items: _____
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SECTION 4: THE "NON-RESPONDER" PIVOT (REFLEXION)

If the client plateaus for >4 weeks despite 100% compliance, check for hidden "deal-breakers."

Check for Occult Triggers: * [] **Mold/CIRS:** History of water damage? [] Yes [] No * []

Infections: History of tick bites or EBV? [] Yes [] No * [] **Dental:** History of root canals or cavitations? [] Yes [] No * [] **Environment:** High exposure to glyphosate/heavy metals? [] Yes [] No

Practitioner Observations:

NEXT STEPS:

1. _____
2. _____

Next Appointment Date: _____

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