

Professional Boundaries & Safety Screening Checklist

Client Name: __ Date: _____ Session Type: ☐ Initial Consultation ☐ Follow-up

Section 1: Legal Safeguards & Informed Consent

Ensure these foundational requirements are met before proceeding with functional education.

- ☐ **Signed Disclosure:** Client has signed the Informed Consent/Disclaimer form.
- ☐ **Role Clarity:** Client verbally confirmed they understand I am a Functional Medicine Health Coach/Practitioner and *not* a licensed medical doctor (unless applicable).
- ☐ **Medical Oversight:** Client has provided the name of their Primary Care Physician (PCP).
- ☐ **Medication Policy:** Client understands that all medication changes must be managed solely by their prescribing physician.
- ☐ **Educational Nature:** Client understands that recommendations are for educational and "system rebalancing" purposes only.

Section 2: Medical "Red Flag" & Referral Screening

If any of the following are checked, an immediate referral to a medical professional or emergency service is required.

Symptom/Observation	Present?	Notes/Action Taken
Unexplained, rapid weight loss or wasting	<input type="checkbox"/>	
Suicidal ideation or severe mental health crisis	<input type="checkbox"/>	
Sudden, severe neurological symptoms (numbness, etc.)	<input type="checkbox"/>	
Acute, unexplained, or severe localized pain	<input type="checkbox"/>	
Lab results indicating pathology (e.g., suspicious lumps)	<input type="checkbox"/>	

Symptom/Observation	Present?	Notes/Action Taken
Request for specific drug dosage adjustment	<input type="checkbox"/>	

Section 3: The "Red Line" Language Check

Audit your session notes and communication. Ensure you are using Functional Scope language.

- [] **Avoided Restricted Words:** Did NOT use "diagnose," "treat," "cure," or "prescribe."
- [] **Used Educational Terms:** Used words like "support," "rebalance," "optimize," "educate," and "lifestyle factors."
- [] **Dysfunction vs. Disease:** Reframed "Disease" (e.g., Type 2 Diabetes) as "Dysfunction" (e.g., Blood sugar dysregulation/Insulin resistance).

Section 4: Practitioner Reflection & Referral Plan

Scope Confidence Score (1-10): ____ (1 = Uncertain/Near Red Line, 10 = Fully within Educational Scope)

Observations on Client Understanding:

Referral Required? ☐ No ☐ Yes (To: _____)

Next Steps for Practitioner:

- [] File signed disclaimer in HIPAA-compliant storage.
- [] Draft "Educational Summary" for client (avoiding medical jargon).
- [] Schedule next session or provide referral contact info to client.

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