

COLLABORATIVE CARE & SCOPE ALIGNMENT WORKSHEET

Client Name: _____ Date: _____

Primary Care Physician/Specialist: _____

Section 1: Clinical Language & Scope Check

Review your plan before communicating with the client or their MD. Ensure all language reflects "Optimization" rather than "Treatment."

- ☐ **Language Audit:** Have I replaced medical terms (Cure/Treat/Diagnose) with functional terms (Support/Optimize/Modulate)?
 - ☐ **Functional Goal:** What is the primary foundational goal? (e.g., *Optimizing gut-thyroid axis via phytonutrient density*)

 - ☐ **Clinical Rationale:** (e.g., *Supporting HPA-Axis dysregulation based on client's reported cortisol rhythm and fatigue markers.*)

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Section 2: Collaborative Physician Strategy (The Three-Part Letter)

Use this section to draft the professional summary to be sent to the client's MD.

| Component | Practitioner Notes / Draft |
|-----------------------|---|
| 1. Professional Intro | I am working with [Client Name] as a Functional Health Coach focusing on lifestyle and nutritional foundations. |
| 2. Functional Goals | My focus is on: _____ |
| 3. Monitoring Request | I request medical monitoring for: (e.g., TSH/T4 every 6 weeks, fasting glucose) _____ |

Evidence Bundle Attached? - ☐ Study 1 Title: _____ - ☐ Study 2 Title: _____

Section 3: Advanced Informed Consent (PARQ Model)

Complete this checklist with the client during the protocol presentation to ensure ethical leadership.

- ☐ **P - Procedure:** Client understands the nutritional/supplemental protocol.
 - ☐ **A - Alternatives:** Client is aware of conventional medical alternatives for their condition.
 - ☐ **R - Risks:** Potential "Herxheimer" or side effects discussed (e.g., GI upset, detox symptoms).
 - ☐ **Q - Questions:** Client has been given time to ask questions and feels confident in the plan.
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Section 4: Risk Management & Red Flag Protocol

Identify when to trigger an immediate referral loop.

Immediate MD Referral Required if Client Experiences: 1. Sudden, unexplained weight loss (>10lbs in a month). 2. Localized, severe, or worsening pain. 3. Neurological changes (numbness, sudden vision changes). 4. Any symptom outside the "Functional Optimization" scope.

Referral Tracking: - ☐ MD Referral Sent? (Date: __)

- ☐ **Follow-up Received?** (Date: __)

Reflection & Outcome

Practitioner Observations: *(How did the MD respond to the collaborative approach? Is the client's medical team aligned?)*

Next Steps for Collaborative Loop: - ☐ Send clinical summary to MD. - ☐ Schedule follow-up lab review with client. - ☐ Update SOAP notes with clinical rationale for all supplements.

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