

Polypharmacy & Nutrient Depletion (DIND) Integration Worksheet

Client Name: _____ Date: _____ Primary Physician: _____ Current Med Count: _____

Section 1: The Medication Matrix & Nutrient Debt

List current medications and identify potential Drug-Induced Nutrient Depletions (DINDs) based on the L3 Integration Table.

Medication Name	Drug Class (e.g., Statin, PPI, Metformin)	Potential Depletions (CoQ10, B12, Mg, etc.)	Associated Symptoms (Cramps, Fatigue, Fog)

Section 2: "Low and Slow" Implementation Tracker

To minimize immunological flares or Herxheimer reactions, introduce ONE high-potency nutraceutical every 4–5 days. Use this section to monitor the "Target" phase.

Date Started	Nutraceutical & Dosage	Synergy Goal (e.g., Statin Support)	Reaction/Tolerance (1-10)

Detoxification Readiness Checklist: - [] Bowels moving 1–2x daily? - [] Hydration (min. 2L water/day)? - [] Binders available (e.g., Charcoal/Pectin) if flare occurs? - [] Lymphatic support (dry brushing/movement) active?

Section 3: Physician Collaboration Preparatory Notes

*Use the R.O.O.T.S. Method™ to prepare for a collaborative tapering conversation with the client's prescribing physician. Note: We do not alter prescriptions; we document physiological readiness for the MD to review.***

Objective Improvements Documented: - [] Weight Loss: __ lbs - [] BP Log Average: __ / __
- [] Fasting Glucose/HbA1c: __ - [] HS-CRP/Inflammatory Markers: __

Drafting the "Physician Letter" Bullet Points: Example: "Client has achieved [X] through lifestyle intervention. Please evaluate if a reduction in [Medication] is appropriate."

Section 4: Reflection & Clinical Observations

Practitioner Observations: (Note any "prescribing cascades" identified or shifts in the biochemical baseline)

Client Feedback/Subjective Score: On a scale of 1–10, how is your vitality since starting the synergy protocol? __/10

Next Steps:

- [] Schedule follow-up in 14 days to assess "Low and Slow" progress.
- [] Client to deliver progress summary to MD on date: ____

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