

The Health Autonomy & Co-Creation Worksheet

Client Name: _____ Date: _____

Goal of this Tool: In Functional Medicine, you are the CEO of your health. This worksheet is designed to move away from "doctor's orders" and toward a **Shared Decision-Making** model. Use this to co-create a protocol that fits your life, respects your culture, and builds your independence.

Section 1: The "Menu Approach" (Choosing Your Path)

Based on our assessment today, we have identified three possible paths forward. Review these with your practitioner and check the one that feels most sustainable for your current capacity.

- [] **Path A: Intensive/Aggressive** (Rapid change, high commitment, more complex protocol)
- [] **Path B: Moderate** (Balanced pace, steady changes, manageable protocol)
- [] **Path C: Foundational** (Focusing on the 1-2 most critical basics; low-pressure)

Why did you choose this path? _____

Section 2: Barrier Identification & Ethical Problem Solving

Before we begin, let's identify potential "roadblocks." Identifying these now is not a sign of failure; it is a strategy for success.

Potential Barrier	Is this a concern?	Strategy to Overcome
Economic (Cost of food/supplements)	[]	
Social (Family meals, social pressure)	[]	
Psychological (Stress, fear of failure)	[]	
Physiological (Fatigue, lack of time)	[]	
Cultural (Impact on traditional foods)	[]	

Section 3: Cultural & Social Integration

Health does not happen in a vacuum. How can we ensure this plan honors your heritage and your role in your family?

- **Non-Negotiable Foods/Traditions:** _____
 - **Modification Strategy:** (e.g., "I will keep the family Sunday dinner but swap X for Y")

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Section 4: The Resilience Flowchart (Preventing Dependency)

To build your self-efficacy, use this "If/Then" logic before reaching out for an emergency session. This empowers you to become the expert on your own body.

If I experience a minor symptom flare or setback, I will: 1. **Check my foundations:** Did I sleep? Am I hydrated? Was I under unusual stress? 2. **Apply my "Rescue Tool":** (e.g., Epsom salt bath, 5-minute breathing, extra hydration). 3. **Wait 48 Hours:** Observe if my body self-corrects with these foundational supports. 4. **Contact Practitioner:** If symptoms persist or worsen after 48 hours of self-care.

Section 5: Client Reflection & Commitment

On a scale of 1-10, how confident do you feel in your ability to lead this plan? _

What is the ONE habit you feel 100% certain you can maintain this week?

Client Signature: _____ Practitioner: _____

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