

# Poly-Pharmacy & Nutrient Depletion Audit

Client Name: \_\_\_\_\_ Date: \_ Practitioner: \_\_\_\_\_ Complexity Score (0-10): \_\_\_\_

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## Section 1: The Poly-Pharmacy Landscape

*List all current medications (prescribed and OTC). Poly-pharmacy is defined as 5+ medications.*

Medication Name	Purpose/Condition	Duration of Use	Dosage
1.			
2.			
3.			
4.			
5.			
6.			

## Section 2: The "Reveal" – Metabolic Sensitivity

*Check all that apply to identify potential CYP450 "Poor Metabolizer" phenotypes.*

- ☐ History of "extreme sensitivity" to standard medication doses.
- ☐ History of medications "never working" even at high doses (potential Ultra-Rapid Metabolizer).
- ☐ Multiple "paradoxical" reactions (meds cause the opposite of intended effect).
- ☐ Known genetic SNPs (e.g., CYP2D6, CYP3A4, CYP2C19) from previous testing.
- ☐ Chronic "brain fog," muscle pain, or fatigue that started *after* a specific prescription.

## Section 3: The "Organize" Phase – Nutrient Depletion Mapping

*Cross-reference Section 1 with common depletions. Note any symptoms the client is experiencing.*

Medication Category	Likely Nutrient Depletions	Client Symptoms (e.g., cramps, fatigue)
Statins	CoQ10	
Metformin	Vitamin B12, Folate	
PPIs / Acid Blockers	Magnesium, B12, Calcium, Zinc	
Diuretics / BP Meds	Magnesium, Potassium, Zinc, B1	
Oral Contraceptives	B-Vitamins, Magnesium, Selenium	

## Section 4: "Red Flag" Interaction Screening

*Safety check: Are any of these high-risk combinations currently present?*

- ☐ **Serotonin Risk:** Is the client taking an SSRI/SNRI **AND** 5-HTP or L-Tryptophan?
- ☐ **Metabolic Inhibition:** Is the client taking Berberine **AND** medications like Cyclosporine or Clarithromycin?
- ☐ **Clearance Risk:** Is the client using St. John's Wort **AND** Birth Control or Blood Thinners?
- ☐ **Absorption Risk:** Are supplements and medications taken within the same 2-hour window?

## Section 5: Strategic Integration Plan

**The 2-Hour Rule:** All supplements must be taken at least 2 hours apart from pharmaceutical medications. **Titration Schedule:** - **Week 1-2 Focus:** Introduce ONE depletion replacement (e.g., CoQ10 for Statin users). - **Monitoring:** Watch for increased medication sensitivity as cellular function improves.

## Practitioner Observations & Reflection:

*Are the client's "crisis" symptoms likely the disease process, or iatrogenic (medication-induced) depletions?*

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## Next Steps for the Medical Team:

- ☐ Provide client with "Professional Script" for their MD.
- ☐ Suggest MD monitor: ☐ B12 Levels ☐ Magnesium ☐ A1c ☐ Liver Enzymes
- ☐ Schedule follow-up audit in 4 weeks.

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