

Phase 1: Stabilization & "Total Load" Tracker

Client Name: __ Date: _____ Week of Protocol: 1 2 3 4

Purpose of this Tool

In complex cases, we must "empty the bucket" before we can repair the system. This tracker helps you monitor the **Stabilization Phase**, focusing on lowering histamine load, calming the nervous system, and identifying environmental triggers.

Section 1: Daily Stabilization Rituals

Check off the items as you complete them. Consistency is the key to calming the "Mast Cell fire."

Action Item	M	T	W	T	F	S	S	Notes
Low Histamine Diet (No spinach, avocado, fermented foods)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mast Cell Support (Quercetin/Vit C - as directed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vagus Nerve Support (Deep breathing/Cold splash)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hydration (Filtered water with minerals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 2: Symptom Intensity Tracker

Rate your symptoms daily on a scale of 0–10 (0 = None, 10 = Debilitating).

Symptom	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Migraine/Headache							
Brain Fog							
Joint/Muscle Pain							

Symptom	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Skin Flushing/Itching							
Fatigue Level							

Section 3: Environmental & Lifestyle Reflection

1. The Home Environment: Did you notice symptoms worsening in specific rooms or after being home for a long period? (Yes/No) __ *Notes on potential triggers (dust, dampness, new furniture):* _____

2. The Histamine "Bucket": Did you consume any "high-load" foods (leftovers, aged cheese, spinach, citrus)?

3. Energy Windows: At what time of day did you feel the most "clear-headed"?

Section 4: Practitioner Review (For Session Use)

Weekly Average Symptom Score: __ / 50

Primary Obstacle this week:

Wins/Successes:

Next Steps:

- ☐ Continue Phase 1 Stabilization for _____ more weeks.
 - ☐ Schedule/Review ERMI (Environmental Relative Moldiness Index) home test.
 - ☐ Lab Prep: Ferritin and Thyroid panel follow-up.
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