

Histamine Load & System Stabilization Tracker

Client Name: _____ Date: _____

Purpose: This tool helps identify "Histamine Bucket" triggers and tracks your progress during Phase 1 (Stabilization). By monitoring the intersection of diet, stress, and medication, we can calm your nervous system and reduce "Total System Shutdown" symptoms.

Section 1: Daily "Bucket Filler" Checklist

Check all that apply today to identify why your system may be feeling overwhelmed.

Dietary Triggers: - ☐ Consumed "High-Histamine" foods (Aged cheese, wine, spinach, tomatoes, or leftovers) - ☐ Drank more than 3 cups of coffee/caffeine - ☐ Had fermented foods or specific "histamine-producing" probiotics

Environmental & Lifestyle: - ☐ High-stress day at work/home (Increases mast cell degranulation) - ☐ Poor sleep (Less than 7 hours or broken sleep) - ☐ Intense exercise (Can temporarily spike histamine)

The "NSAID Trap": - ☐ Took Ibuprofen or other NSAIDs (Note: These block the DAO enzyme needed to clear histamine)

Section 2: Symptom & Trigger Log

Time	Food/Activity/Medication	Symptoms (Hives, Brain Fog, Racing Heart, Joint Pain)	Intensity (1-10)
Morning			
Mid-Day			
Evening			
Night			

Section 3: Protocol Compliance (Phase 1)

Action Item	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Low-Histamine Diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DAO Enzyme (Before Meals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magnesium Bisglycinate (PM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caffeine Taper (-50%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10-Min Box Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: Reflection & Clinical Indicators

Weekly Symptom Score (0-10): - Fatigue: - Brain Fog: - **Joint Pain:** - Histamine Reactions (Hives/Flush):

Observations (e.g., "Noticed racing heart after the glass of wine" or "Joints felt better on days I skipped Ibuprofen"):

⚠️ RED FLAG CHECK: Did you experience any new chest pain, shortness of breath, or acute feelings of hopelessness this week? ☐ NO ☐ YES (If yes, contact your primary care provider immediately).

Next Steps for Our Session:

1. Review the connection between your stress levels and hives.
2. Discuss transitioning from NSAIDs to natural anti-inflammatories (Phase 2).
3. Evaluate sleep quality improvements from Magnesium use.

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