

# TILT & Drainage Readiness Assessment

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Purpose:** This tool helps identify if you are experiencing Toxicant-Induced Loss of Tolerance (TILT) and determines if your body's drainage pathways (the "exit doors") are open enough to begin active detoxification.

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## Section 1: TILT Trigger Identification (Stage 1 & 2)

*Check any that apply to your history or current experience.*

**Stage 1: The Initiation (The "Breaking" Point)** - ☐ I lived/worked in a building with a history of water damage or mold. - ☐ I had a major exposure event (pesticide spraying, home renovation, chemical spill). - ☐ I have breast implants or other medical implants. - ☐ I have had long-term, low-level exposure to industrial chemicals or heavy metals.

**Stage 2: The Triggering (Current Sensitivities)** - ☐ I feel ill/migraines when walking down the detergent aisle at the grocery store. - ☐ I am sensitive to perfumes, colognes, or scented candles. - ☐ Gasoline fumes or car exhaust make me feel dizzy or fatigued. - ☐ I have "mystery" symptoms like brain fog or "electric shock" sensations.

## Section 2: Emunctories & Drainage Readiness

*Before we "Target" toxins, we must "Optimize" the exit pathways. Rate your current status:*

Pathway	Assessment Question	Status (Yes/No)
Colon	Do you have at least one complete, easy-to-pass bowel movement daily?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Liver/Bile	Do you tolerate fats well (no bloating/nausea after fatty meals)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kidneys	Do you drink at least 70oz of filtered water and urinate frequently?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skin	Do you sweat regularly (via exercise or sauna)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Pathway	Assessment Question	Status (Yes/No)
Sulfur	Do you feel WORSE after eating garlic, onions, or taking NAC?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Section 3: 7-Day Symptom & Exposure Tracker

Use this table to find correlations between environmental exposures and your "Toxic Bucket" fullness.

Day	Primary Exposure (e.g., New carpet, perfume, exhaust)	Symptom Severity (1-10)	Notes (Brain fog, fatigue, etc.)
Mon			
Tue			
Wed			
Thu			
Fri			
Sat			
Sun			

### Section 4: Practitioner Reflection & Scoring

**Total "Yes" in Section 2 (Drainage):** \_ / 5 \* **4-5 Score:** Ready to begin Phase I & II support and gentle binders. \* **0-3 Score: STOP.** Focus on "Opening the Emunctories" (hydration, fiber, movement) before adding binders or liposomal glutathione.

**Sulfur Sensitivity Alert:** If "Yes" was checked for Sulfur in Section 2, prioritize molybdenum and avoid high-dose NAC/Glutathione until tolerance improves.

**Observations:**

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### Next Steps:

- ☐ **Home Wellness Audit:** Review air filtration and water quality.

- ☐ **Drainage Support:** Increase magnesium, fiber, and hydration for 2 weeks.
  - ☐ **Binder Introduction:** Start ☐ Charcoal ☐ Zeolite ☐ Clay at a "Low and Slow" dose.
  - ☐ **Follow-up Date:** \_\_\_\_\_
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