

OAT Clinical Correlation & Action Worksheet

Client Name: _____ Date: _____

Section 1: The Energy Engine (Krebs Cycle Architecture)

Identify enzymatic blockages and nutrient co-factor needs based on intermediate elevations.

Marker Elevation	Likely Blockage Point	Potential Root Cause (Check all that apply)
Citrate / Isocitrate	Aconitase Enzyme	<input type="checkbox"/> Iron deficiency <input type="checkbox"/> Oxidative stress <input type="checkbox"/> Fluoride
Succinate	Succinate Dehydrogenase	<input type="checkbox"/> B2 (Riboflavin) <input type="checkbox"/> CoQ10 deficiency
Fumarate	Fumarase Enzyme	<input type="checkbox"/> Systemic inflammation <input type="checkbox"/> Genetic SNPs
Malate	Malate Dehydrogenase	<input type="checkbox"/> B3 (Niacin) deficiency

Notes on Bioenergetics: _____

Section 2: Neuro-Metabolic Balance (Clostridia & Dopamine)

Assess the impact of microbial toxins on neurotransmitter conversion.

1. Clostridia Markers: * ☐ HPPHA (High?): _ * ☐ 4-Cresol (High?): ____

2. The HVA:VMA Ratio (Dopamine Beta-Hydroxylase Activity): * HVA (Dopamine metabolite): _ * VMA (Norepinephrine metabolite): _ * Interpretation: Is HVA high and VMA low? ☐ Yes ☐ No * Clinical Presentation: ☐ Irritability ☐ OCD tendencies ☐ ADHD ☐ "Wired but Tired"

Targeted Support: ☐ Vitamin C ☐ Copper ☐ Probiotics ☐ Antimicrobials

Section 3: The Fungal & Oxalate Connection

Distinguish between dietary oxalates and metabolic/fungal production.

- **Arabinose (Yeast Marker):** ☐ Normal ☐ High
- **Oxalic Acid:** ☐ Normal ☐ High
- **Symptoms:** ☐ Joint/Tissue pain ☐ Kidney stones ☐ Fatigue ☐ Brain fog

Clinical Correlation: * If Arabinose AND Oxalic are both high: Focus on **Fungal Protocol**. *
If Oxalic is high but Arabinose is low: Focus on **Low-Oxalate Diet/AGXT genetics**.

Section 4: R.O.O.T.S. Method™ Integration & Reflection

The "Reveal" Script for the Client: *"This test is like looking under the hood of your car while the engine is running. It shows us exactly where the fuel isn't burning properly and why your 'check engine' light—your symptoms—is on."*

Practitioner Observations:

Priority Interventions: 1. _____ 2. _____ 3. _____

Next Review Date: _____

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