

SHARED DECISION-MAKING (SDM) & PROTOCOL CONSENT WORKSHEET

Client Name: _____ Date: ____ Practitioner: _____ Protocol Phase: ☐ Reveal ☐
Organize ☐ Target ☐ Sustain

Section 1: Choice Talk (Establishing Alternatives)

The practitioner has informed the client that multiple pathways exist for addressing their health concerns.

Primary Health Goal: _____

Pathways Discussed: - ☐ **Functional Medicine Approach:** Root-cause resolution, lifestyle-based, nutraceutical support. - ☐ **Conventional Medical Approach:** Symptom management, pharmaceutical intervention, or referral to Primary Care Provider (PCP). - ☐ **Observation/No Intervention:** Monitoring symptoms without active protocol at this time.

Section 2: Option Talk (Pros, Cons, & Unknowns)

Use this table to document the specific functional interventions and their associated risks as per the R.O.O.T.S. Method™.

Proposed Intervention	Rationale (Biochemical Marker)	Potential Risks / "Healing Crisis"
1.		
2.		
3.		

Nutraceutical Disclosure & Off-Label Use: - ☐ Client acknowledges that supplements are regulated as **food, not drugs**. - ☐ Client understands doses may exceed the **RDA** for therapeutic effect. - ☐ Client understands that "off-label" use is based on unique biochemical needs and not FDA-approved for specific diseases.

Section 3: Decision Talk (The Client's Choice)

Client's Final Decision: - ☐ Proceed with the full recommended Functional Protocol. - ☐ Proceed with a modified protocol (Specify: _____). - ☐ Decline functional intervention at this time.

Client Rationale for Choice:

Section 4: Risk Mitigation & Non-Compliance Warning

To be completed if the client chooses a lifestyle-heavy protocol or refuses certain foundational changes.

Practitioner Warning: If the following lifestyle factors (e.g., sleep, gluten removal, stress management) are not met, the client acknowledges the risk of: - ☐ Reduced efficacy of nutraceuticals. - ☐ Potential for symptom plateau or decline. - ☐ **Assumption of Risk:** Client accepts legal responsibility for outcomes related to non-adherence.

Section 5: Signature & Reflection

Practitioner Observations: *Note any "Red Flags," level of client understanding, or consensus reached.*

Client Acknowledgment: *I have participated in this Shared Decision-Making process. I understand the risks, benefits, and "off-label" nature of the recommendations provided.*

Client Signature: _____ **Date:** ____

Practitioner Signature: _____ **Date:** ____

AccrediPro Standards Institute Certified Tool | Advanced Informed Consent & Risk Mitigation
