

Total Toxic Burden & Detoxification Readiness Tracker

Client Name: _____ Date: _____

Practitioner Name: _____

Section 1: Phase 3 & 2.5 Readiness Assessment (The "Exit Doors")

Before starting any detoxification "Push," the client must have "Open Pipes." Use this checklist to determine if the client is ready to begin targeted binders or mobilizers.

- [] **Bowel Frequency:** Are you having 1–2 complete bowel movements daily? (Required for Phase 3)
- [] **Hydration:** Are you consuming at least 2–3 liters of filtered water daily?
- [] **Bile Support:** Are you experiencing signs of sluggish bile (e.g., light-colored stools, nausea after fatty meals)?
- [] **Sweat:** Do you have a way to induce sweating (exercise, sauna, Epsom salt baths)?
- [] **Genetic Map (if known):** Note any variations in **MTHFR** (Methylation), **COMT** (Estrogen/Stress), or **GST** (Glutathione).

Section 2: The "Push-Catch" Protocol Worksheet

Follow the sequenced R.O.O.T.S. Method™ to avoid the "Hherxheimer" trap. Ensure Phase 2.5/3 are supported before adding the "Push."

Timing	Category	Action / Supplement	Dosage/Notes
Morning	Support (Phases 2.5/3)	Bile Support (TUDCA/PC) & Fiber	
Mid-Day	The "Push"	Liposomal Glutathione / NAC	
30-60m Later	The "Catch"	Binder (Charcoal, Clay, Zeolite)	
Evening	Elimination	Magnesium / Vit C (to ensure BM)	

Section 3: Daily Progress & Symptom Tracker

Rate symptoms on a scale of 1-10 (1 = None, 10 = Severe). Goal: No increase in symptoms.

Day	Bowel Mvmts (#)	Brain Fog (1-10)	Fatigue (1-10)	Skin/Rashes (1-10)	Notes (e.g., "Felt flare after Push")
Day 1					
Day 2					
Day 3					
Day 4					
Day 5					

Section 4: Practitioner Reflection & Adjustment

Total Readiness Score: (High/Medium/Low) _____

Observations (e.g., Is the "Cup" overflowing?):

Next Steps / Protocol Adjustments: - [] If **Constipated**: Pause "Push," increase Magnesium/Fiber. - [] If **"Hherxing" (Flares)**: Decrease "Push" dosage; increase "Catch" (Binders). - [] If **Stable**: Continue protocol for _____ weeks before re-assessing toxic markers.

Practitioner Instruction:

Remember the "Cup Analogy." If the client feels worse, their "exit doors" (Phase 3) are likely blocked, or the "Push" is too strong for their "Catch." Always prioritize Gut-First unless toxicants are the primary cause of gut paralysis.

AccrediPro Standards Institute Certified Tool | CFMP™ Core Curriculum