

CIRS & Environmental Toxicity Screening Tool

Client Name: _____ Date: _____

Section 1: Clinical Symptom "Red Flags"

CIRS is a multi-system, multi-symptom illness. Check all that apply to your experience over the last 3–6 months.

Neurological & Cognitive - ☐ Brain fog or difficulty concentrating - ☐ "Electric shock" sensations throughout the body - ☐ Frequent "static shocks" when touching doorknobs or people - ☐ Memory loss or word-finding difficulties - ☐ Sensitivity to light or blurred vision

Physical & Systemic - ☐ Unexplained extreme fatigue (not improved by rest) - ☐ Morning stiffness or joint pain mimicking fibromyalgia - ☐ Metallic taste in the mouth - ☐ Excessive thirst and frequent urination - ☐ Digestive distress (bloating, abdominal pain, or food sensitivities) - ☐ Shortness of breath or chronic sinus congestion

Section 2: Environmental Exposure History (The "Step Zero" Audit)

You cannot heal in the same environment that made you sick. Please answer the following:

1. Does your home or workplace have a history of water leaks, flooding, or dampness? [**Yes / No**]
2. Do you notice a "musty" or "earthy" odor in any room? [**Yes / No**]
3. Did your symptoms begin or worsen within 6 months of moving into your current space? [**Yes / No**]
4. Do you feel significantly better when you are away from home for several days? [**Yes / No**]
5. Is the indoor relative humidity consistently above 50%? [**Yes / No**]

Section 3: Diagnostic & Protocol Tracker

To be filled out in collaboration with your Functional Medicine Coach.

Marker / Phase	Status	Results/Notes
VCS Test (Visual Contrast Sensitivity)	<input type="checkbox"/>	Pass / Fail: _____
Urinary Mycotoxins	<input type="checkbox"/>	Key Toxins Found: _____

Marker / Phase	Status	Results/Notes
HLA-DR/DQ (Genetic Susceptibility)	[]	[] Susceptible [] Non-Susceptible
MARCoNS (Nasal Swab)	[]	[] Positive [] Negative
Step Zero: Removal	[]	Remediation/Relocation status: _
Target: Binder Protocol	[]	Type: _____

Section 4: Practitioner Reflection & Scoring

Total Symptom Checkmarks: _ / 16 Environmental "Yes" Answers: _ / 5

Clinical Impression: * **0-4 Symptoms:** Low suspicion of CIRS. * **5-8 Symptoms + 1**

Environmental "Yes": Moderate suspicion; VCS testing recommended. * **9+ Symptoms + 2+ Environmental "Yes":** High suspicion of Biotoxin Illness; full CIRS panel recommended.

Observations & Next Steps:

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