

# The Master-Level 'Reveal' Intake Supplement

Client Name: \_\_\_\_\_ Date: \_\_\_\_ Practitioner: \_\_\_\_\_ ACE Score: \_\_\_\_\_ / 10

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## Section 1: The Trauma-Informed Lens

*Shift from "What is wrong with you?" to "What happened to you?" Identify physiological adaptations.*

- **Nervous System State:** ☐ Hyper-vigilant (Fight/Flight) ☐ Hypo-aroused (Freeze/Shut down)
- **Somatic Echoes:** Are symptoms triggered by specific sounds, smells, or environments?  
\_\_\_\_\_
- **The "Safety" Question:** Does the client currently feel "safe" in their body? ☐ Yes ☐ No
- **ACE Score Significance:** If 4+, note potential for 260% increased autoimmune risk.

## Section 2: Subtle Environmental Triggers

*Investigating beyond the standard intake to identify invisible toxic burdens.*

Trigger Category	Master-Level Investigation	Observations/Findings
Micro-Mold	History of water intrusion? Musty smell after rain?	
EMF Sensitivity	Bed proximity to router/smart meter? Nocturnal HR spikes?	
Hidden Metals	Recent MRI (Gadolinium)? High kale intake (Thallium)?	
Nocturnal Environment	Tinnitus that resolves in nature?	

## Section 3: Clinical Incongruence & Non-Verbal Cues

*Observe the 93% of communication that is non-verbal. Note mismatches between words and body.*

- **Micro-Expression Noted:** ☐ Disgust (Nose wrinkle) ☐ Fear (Shoulders raised) ☐ Sadness
- **Hand Gestures:** ☐ Clenched (Fight) ☐ Hidden (Shame) ☐ Mirroring Practitioner
- **Incongruence Tracker:**
  - *Client said:* " \_\_\_\_\_ "
  - *Body showed:* " \_\_\_\_\_ "

## Section 4: Socratic Narrative Discovery

*Uncovering the internal health narrative and "secondary gains" or fears.*

- **The "Vitality" Fear:** "When you imagine yourself at 100% vitality, what about that routine feels scary?" \_\_\_\_\_
- **The "Avoidance" Reveal:** "If we resolved this fatigue tomorrow, what is the first thing you would do that you've been avoiding?" \_\_\_\_\_
- **Identity Check:** "What does this illness allow you to do (or not do) in your current life?" \_\_\_\_\_

## Section 5: Biometric "Recovery Gap" Analysis

*Objective longitudinal data from wearables (Oura, Whoop, CGM, Apple Watch).*

- **HRV Trend (Last 30 Days):** ☐ Stable ☐ Declining ☐ Volatile
  - **The Recovery Gap:** Sleep Score is \_ vs. Deep Sleep Duration is \_.
  - **Glucose/Stress Correlation:** Do glucose spikes correlate with emotional events rather than food? \_\_\_\_\_
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## Practitioner Reflection & Synthesis

**Clinical Incongruence Level:** ☐ Low ☐ Moderate ☐ High (Requires Rapport Re-build)

**The "Invisible" Root Cause Hypothesis:**

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**Next Steps:** ☐ Order ERMI/HERTSMI-2 Testing ☐ Referral for Somatic Experiencing/Trauma Support ☐ EMF Mitigation Protocol (Sleep Sanctuary) ☐ Adjust protocol based on HRV "Recovery Gap"

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