

THE ROOT CAUSE "REVEAL" DISCOVERY WORKSHEET

Client Name: _____ Date: ____ Practitioner: _____ Session #: ____

SECTION 1: THE GATEWAY (Chief Complaint)

In the Reveal Phase, we view your symptoms as "smoke" leading us to the "fire." List your primary concerns below.

Symptom/Diagnosis	When did this start?	What makes it worse? (Mediators)
1.		
2.		
3.		

The Conventional Label (ICD-10): _____ (e.g., Migraines, IBS, Fatigue)

SECTION 2: THE ATM TIMELINE (The Story)

Functional Medicine looks at the story behind the code. Complete these three areas to uncover the "Why."

1. ANTECEDENTS (The "Pre-set"): What factors (genetic, family history, birth/childhood) predisposed you to this? * ☐ Family history of: _____ * ☐ C-section birth / Not breastfed * ☐ Frequent childhood antibiotics * ☐ Other: _____

2. TRIGGERS (The "Spark"): What happened right before your symptoms began? * ☐ High-stress event (Divorce, job change, loss) * ☐ Infection / Illness (Food poisoning, viral infection) * ☐ Environmental exposure (Mold, toxins, new home) * ☐ Surgery or physical trauma

3. MEDIATORS (The "Fuel"): What is keeping the symptom going today? * ☐ Poor sleep / Circadian disruption * ☐ High-sugar or processed diet * ☐ Chronic emotional stress / Lack of support * ☐ Sedentary lifestyle or over-training

SECTION 3: THE THREE PILLARS CHECKLIST

Assess the current "Exposome" (environmental factors).

Pillar	Focus Area	Observations/Notes
History	Narrative Timeline	[] Story flows from birth to present
Environment	Toxins & Diet	[] Processed foods [] Chemical exposure
Genetics	Vulnerabilities	[] Known SNPs (MTHFR, etc.) [] Family patterns

SECTION 4: THE "WHY" REFLECTION

The "What" (Symptom): _____ The "Why" (Mechanism): Based on the ATM timeline, the underlying biological mechanism appears to be (e.g., Gut-Brain-Adrenal connection, Mitochondrial dysfunction, Systemic Inflammation):

NEXT STEPS & CLINICAL CLARITY:

- [] Action 1: _____
- [] Action 2: _____
- [] Priority Lab/Investigation: _____

Practitioner Signature: _____ Next Appointment: _____

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