

HORMONAL PATHWAY & HPA-AXIS MAPPING WORKSHEET

Client Name: _____ Date: ___ Practitioner: _____ Test Date: _____

SECTION 1: HPA-Axis & Stress Resiliency (The "Stress Engine")

Based on Salivary/Urinary CAR and Diurnal Pattern.

1. Cortisol Awakening Response (CAR): * [] **Optimal:** 50-160% rise within 30 mins (Resilient HPA-Axis). * [] **Flat:** < 50% rise (Burnout, HPA-Axis dysfunction, "Running on fumes"). * [] **Exaggerated:** > 160% rise (Acute stress, anticipatory anxiety).

2. Diurnal Pattern: * **Total Cortisol Production:** [] Low [] Normal [] High * **Wired but Tired?** (High evening cortisol) [] Yes [] No

Practitioner Note: If CAR is flat but total cortisol is high, focus on **Nervous System/Brain** support before the Adrenal glands.

SECTION 2: The Estrogen Map (Phase I & II Detox)

Mapping the 2, 4, and 16-OH Pathways.

Pathway	Status	Clinical Risk / Symptoms	Focus
2-OH (Green)	[] Low [] Optimal	Protective: DNA stability.	<i>Support if low.</i>
4-OH (Red)	[] Normal [] High	Risky: Potential DNA damage/Quinones.	<i>Shunt away.</i>
16-OH (Yellow)	[] Normal [] High	Proliferative: Heavy flow, fibroids, tenderness.	<i>Balance.</i>

The Methylation Gatekeeper (Phase II): * **Methylation Index:** [] Optimal [] Poor (Low 2-Methoxy relative to 2-OH) * **COMT Activity:** [] Fast [] Slow (The "gate" is closed; toxic backup possible)

SECTION 3: Androgen Pathways (The "Alpha" Preference)

Assessing 5-Alpha vs. 5-Beta Reductase.

- **Total Testosterone:** _____ (In range? [] Yes [] No)
- **Pathway Preference:** [] 5-Alpha (Potent DHT) [] 5-Beta (Less potent)
- **Androgenic Symptoms:** [] Acne [] Thinning Hair [] PCOS [] Irritability

Practitioner Note: If 5-Alpha is preferred, symptoms will persist even if total testosterone is "normal."

SECTION 4: Targeted Protocol Strategy

Check the boxes that apply based on the mapping above.

[] **Support HPA Resiliency:** Morning blue light, Adrenal cortex, Licorice root (if BP stable). [] **Calm the System:** Phosphatidylserine (evening), Vagus nerve exercises. [] **Shunt Phase I Estrogen:** Sulforaphane, DIM, Calcium-D-Glucarate. [] **Open the Methylation Gate:** Magnesium, SAMe, Active B-Vitamins (B6, B12, Folate). [] **Inhibit 5-Alpha Reductase:** Zinc, Saw Palmetto, Reishi, EGCG. [] **Gut Check:** Address Beta-glucuronidase before starting Estrogen protocol.

SECTION 5: Practitioner Observations & Reflection

Primary Clinical Priority: _____ (e.g., "Opening the Methylation Gate before shunting Estrogen" or "Brain-to-Adrenal communication")

Expected Re-test Date: _____ (Suggested: 90–120 days)

Notes:

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