

FUNCTIONAL MEDICINE "REVEAL" PHASE: BASELINE ASSESSMENT

Client Name: _____ Date: _____

Purpose: This tool helps your practitioner automate the "Reveal" phase of your health journey. By quantifying your symptoms and identifying environmental triggers now, we can map your data into the Functional Medicine Matrix and track your progress objectively over time.

Section 1: Medical Symptoms Questionnaire (MSQ) Baseline

Rate each of the following symptoms based on your experience over the last 14 days. **0** = Never/Rarely | **1** = Occasional/Mild | **2** = Frequent/Moderate | **3** = Constant/Severe

Category	Symptoms	Score (0-3)
DIGESTIVE	Bloating, gas, constipation, diarrhea, or heartburn	___
ENERGY	Fatigue, sluggishness, or "crashing" in the afternoon	___
MENTAL	Brain fog, poor memory, or lack of concentration	___
MOOD	Anxiety, irritability, or feeling "wired but tired"	___
SKIN/JOINTS	Rashes, acne, joint pain, or muscle stiffness	___
SLEEP	Difficulty falling asleep or staying asleep	___

TOTAL MSQ SCORE (Sum of all scores): _____

Section 2: Environmental & Lifestyle "Reveal" Checklist

Check all that apply to your current or past environment:

- ☐ **Home/Work:** Known exposure to mold or water damage (musty smells).
- ☐ **Diet:** High intake of processed sugars or "convenience" foods.
- ☐ **Dental:** Presence of "silver" (amalgam) fillings.
- ☐ **Lifestyle:** High-stress occupation or lack of daily movement.

- ☐ **History:** Frequent use of antibiotics (more than 3 times in life).
 - ☐ **Sensitivities:** Strong reactions to perfumes, chemicals, or caffeine.
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Section 3: Clinical Chronology Highlights

Briefly list 3-5 major "Life Events" (Illness, Surgery, Trauma, or Major Stress) and the approximate year they occurred. This helps build your Health Roadmap.

1. _____ (Year: _____)
 2. _____ (Year: _____)
 3. _____ (Year: _____)
 4. _____ (Year: _____)
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Section 4: Reflection & Readiness

Top 3 Health Goals: 1. _____ 2. _____ 3. _____

Practitioner Observations (To be filled during session): *Initial Matrix Mapping Notes (e.g., Assimilation, Biotransformation, Defense/Repair):*

Next Steps:

- ☐ Log into the **Client Portal** to upload any recent blood work.
 - ☐ Complete the full **Digital Intake Form** (sent via email).
 - ☐ Schedule your **90-minute "Organize" Session** to review your Matrix Map.
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