

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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