

Environmental Trigger & Total Burden Assessment

Client Name: _____ Date: _____

Instructions: This tool is designed to help identify the "external agitators" contributing to your immune dysregulation. Please complete each section to the best of your ability. This information will be used during the **Reveal** phase of the R.O.O.T.S. Method™ to map your unique "Total Toxic Burden."

Section 1: Environmental & Lifestyle History (The "Reveal")

Check any that apply to your past or present living/working conditions:

Home & Workplace Environment - [] Known history of water damage or visible mold in home/office - [] Musty or damp odors in basement, bathrooms, or crawlspaces - [] Proximity to heavy industry, highways, or commercial farms (pesticide use) - [] Recent renovation (new carpet, paint, or "pressed wood" furniture) - [] Use of synthetic fragrances (candles, air fresheners, perfumes)

Medical & Dental History - [] Presence of silver (amalgam) dental fillings - [] History of "mononucleosis" or frequent "flu-like" illnesses - [] History of tick bites or circular rashes (Lyme suspicion) - [] Recent rapid weight loss or transition into menopause (mobilizing fat stores)

Hobbies & Exposure - [] Frequent use of pesticides or herbicides in gardening - [] Hobbies involving metals (painting, pottery, target shooting, stained glass) - [] High consumption of large predatory fish (tuna, swordfish, etc.)

Section 2: Symptom Cluster Screening

Rate the following symptoms from 0 (None) to 3 (Severe):

Symptom Cluster	Score (0-3)	Potential Trigger (Practitioner Use)
Cluster A: Profound fatigue, "brain fog," migratory joint pain		Stealth Pathogens (EBV/Lyme)
Cluster B: Recurrent sinus infections, low immunity, white tongue		Mycotoxins (Immunosuppressive)

Symptom Cluster	Score (0-3)	Potential Trigger (Practitioner Use)
Cluster C: Sudden "allergy to everything," chemical sensitivity		Haptens / Loss of Tolerance
Cluster D: Tremors, metallic taste, refractory thyroid issues		Heavy Metals (Mercury/Lead)
Cluster E: "Brain on Fire" feeling, severe light/sound sensitivity		Mycotoxins (Hyper-activation)

Section 3: The Hapten & Chemical Sensitivity Check

Do you experience adverse reactions (headaches, rashes, fatigue) to the following?

- [] **Nickel/Cobalt:** Cheap jewelry, metal watchbands, or dental wires.
- [] **Formaldehyde:** New car smell, new flooring, or clothing "permanent press" finishes.
- [] **Phthalates:** Scented laundry detergents, soaps, or plastic food containers.
- [] **Volatile Organic Compounds (VOCs):** Gasoline fumes, exhaust, or fresh paint.

Section 4: Scoring & Practitioner Reflection

Total Checkmarks (Section 1 & 3): _____ **Highest Symptom Cluster (Section 2):** _____

Practitioner Observations: (Note any correlations between weight loss/menopause and symptom flares, or potential molecular mimicry triggers like EBV vs. Joint Pain.)

Next Steps:

- [] **Functional Testing:** (e.g., Urine Mycotoxin, Heavy Metal Challenge, or EBV Early Antigen)
- [] **Immediate Intervention:** (e.g., High-quality air filtration, removing fragrance, or binder support)
- [] **Follow-up Appointment Date:** _____

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