

FUNCTIONAL HEALTH EDUCATION & PROTOCOL WORKSHEET

Client Name: _____ Date: _____

Practitioner Name: _____ CFMP Status: Certified

Section 1: Scope of Practice & Educational Intent

To be completed during the initial consultation to ensure alignment on the nature of Functional Medicine Coaching.

Please initial each box to acknowledge your understanding:

- ☐ **Educational Framework:** I understand that my practitioner is acting as a **Wellness Educator/Coach**. Their role is to provide information based on the R.O.O.T.S. Method™ and functional health principles.
- ☐ **Non-Medical Status:** I acknowledge that my practitioner is not a licensed medical doctor (unless otherwise specified) and does not diagnose, treat, cure, or prevent any medical condition or disease.
- ☐ **Primary Care Coordination:** I understand that these recommendations do NOT replace the advice of my Primary Care Physician (PCP). I am encouraged to share any protocols with my doctor.
- ☐ **Voluntary Participation:** I understand that all dietary changes, lifestyle adjustments, and supplement suggestions are voluntary.

Section 2: Protocol Goals & Functional Language

In Functional Health, we use specific language to describe our goals. Review the goals below and check those that apply to your current protocol.

Goal Area	Functional Action	Client Focus (Notes)
Vitality	<input type="checkbox"/> Support / Balance	
Metabolism	<input type="checkbox"/> Optimize / Enhance	
Digestion	<input type="checkbox"/> Nourish / Restore	

Goal Area	Functional Action	Client Focus (Notes)
Stress	<input type="checkbox"/> Modulate / Calm	
General	<input type="checkbox"/> Educate / Empower	

Section 3: Lab & Supplement Compliance Review

This section ensures all recommendations meet regulatory standards for nutraceuticals and functional testing.

Functional Lab Interpretation: Any labs reviewed (e.g., via Rupa Health) are for **educational purposes** to identify functional imbalances. They are not used for medical diagnosis. *Observation:* _____

Nutraceutical Education: *FDA Disclaimer: These statements have not been evaluated by the Food and Drug Administration. Recommended products are not intended to diagnose, treat, cure, or prevent any disease.*

Current Recommendations: 1. _____ 2. _____

Section 4: Client Reflection & Confirmation

How confident do you feel in implementing this educational protocol on a scale of 1-10? Score: ____

What is your primary "Functional Verb" for this week? (e.g., Support, Balance, Optimize)

Client Signature: _____ **Date:** ____

Next Steps:

- ☐ Schedule follow-up via secure HIPAA-compliant portal.
- ☐ Review educational handouts on [System/Organ Focus].
- ☐ Share protocol summary with Primary Care Physician.

AccrediPro Standards Institute Certified Tool Standard 30.2: Professional Practice & Ethics

