

# Client Consultation & Scope Alignment Worksheet

Practitioner Name: \_\_ Client Name: \_\_ Date: \_\_

**PURPOSE:** This worksheet is used during the initial discovery or intake session to ensure the practitioner remains within the legal scope of functional health optimization. It helps translate clinical findings into the "Language of Wellness" and establishes the Co-Management Model.

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## Section 1: Legal Compliance & Disclosure

*Complete this section at the start of the session to ensure professional boundaries are established.*

- [ ] **Informed Consent Signed:** Client has signed the document clarifying my non-licensed/consultant status.
- [ ] **Verbal Disclaimer Provided:** "I am not a doctor; this is for educational purposes and to support physiological resilience."
- [ ] **PCP Information Recorded:** Name and contact of the client's Primary Care Physician for the referral network.
- [ ] **Liability Insurance:** My Professional Liability Insurance (PLI) is active and covers this modality.

## Section 2: The Language of Wellness (Translation Tool)

*Use this table to reframe the client's medical concerns into functional optimization goals.*

Client's Medical Term/Diagnosis	Functional Refinement (The "Language of Wellness")
Example: "My Type 2 Diabetes"	"Identifying dysglycemia in the Energy Node"
Example: "Treat my Hashimoto's"	"Optimizing endocrine resilience and immune function"

## Section 3: R.O.O.T.S. Method™ Scope Mapping

*Map the client's history without diagnosing pathology. Focus on physiological relationships.*

- **REVEAL (Timeline/Subjective History):** \_\_\_\_\_
- **ORGANIZE (Matrix/Nodes Involved):** \_\_\_\_\_
- **OPTIMIZE (Lifestyle/Low-Hanging Fruit):** \_\_\_\_\_
- **TARGET (Nutrient/Botanical Support):** \_\_\_\_\_
  - *Check:* Are there any medication contraindications? [ ] Yes [ ] No
  - *Action:* "Please review these recommendations with your PCP before starting." [ ]
- **SUSTAIN (Client Ownership Strategy):** \_\_\_\_\_

## **Section 4: Co-Management & Referral Plan**

**Does the client present any "Red Flags" (e.g., sudden weight loss, neurological deficits)?** [ ] No [ ] Yes (Action: Immediate referral to PCP/Urgent Care)

**Referral Action Step:** - [ ] Send professional collaboration letter to Dr. \_\_\_ by (Date): \_\_\_

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## **Practitioner Reflection & Observations:**

**Did I avoid using the words "Cure," "Treat," or "Patient" during this session?** [ ] Yes [ ] No (If no, what will I say next time?): \_\_\_\_\_

**Next Steps for Client:** 1. \_\_\_\_\_ 2. \_\_\_\_\_

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*AccrediPro Standards Institute Certified Tool Disclaimer: This tool is for educational purposes for Certified Functional Medicine Practitioners™ and does not constitute legal advice.*

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