

TOTAL TOXIC BURDEN & DRAINAGE READINESS ASSESSMENT

Client Name: _____ Date: _____

Instructions: This tool helps identify potential environmental toxin exposure (Mycotoxins, Heavy Metals, and Glyphosate) and evaluates if your body's "drainage pathways" are open enough to begin a detoxification protocol safely.

Section 1: Symptom Red Flag Checklist

Check all that apply in the last 30 days:

Neuro-Inflammatory (Potential Metals/Mold) - [] Persistent "Brain Fog" or cognitive decline - [] Unexplained "ice-pick" or sharp shooting pains - [] Metallic taste in the mouth - [] Sensitivity to light or sound - [] Tremors or muscle twitching

Metabolic & Gut (Potential Glyphosate/Xenoestrogens) - [] Chronic bloating or digestive distress - [] Food sensitivities that seem to be increasing - [] Hormonal imbalances (Heavy periods, PMS, or "Estrogen Dominance") - [] Fatigue that does not improve with 8+ hours of sleep - [] Unexplained weight gain (especially around the midsection)

Section 2: Environmental Exposure Audit

Exposure Factor	Yes	No	Notes (Year, Duration, etc.)
Do you live/work in a building with a history of leaks or a musty smell?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have silver (amalgam) dental fillings?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you consume non-organic grains, corn, or coffee regularly?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you use conventional lawn pesticides or "fragranced" body products?	<input type="checkbox"/>	<input type="checkbox"/>	

Exposure Factor	Yes	No	Notes (Year, Duration, etc.)
Have you lived in your current home for more than 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3: Drainage & Resilience Readiness

Before "pulling" toxins, your exit pathways must be open. Rate your current status:

Pathway	Metric	Status
Bowel Movements	1-2 easy-to-pass stools daily?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hydration	Drinking at least 2L of filtered water daily?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skin/Sweat	Do you sweat regularly (exercise/sauna)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kidney (Lab)	Is your BUN/Creatinine in optimal range?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Antioxidants	Are you taking Glutathione or NAC currently?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4: Clinical Marker Tracker (If Labs are Available)

Record your values to identify "Oxidative Bankruptcy":

- **Glutathione (GSH):** __ (Low = Defense system overwhelmed)
 - **8-OHdG:** __ (High = Active DNA damage/Urgent intervention)
 - **Mycotoxin High Markers:** _____
 - **Heavy Metal High Markers:** _____
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Practitioner Observations & Scoring:

Total Checkmarks (Section 1 & 2): __ * **0-5:** Low immediate concern; focus on general wellness. * **6-10:** Moderate burden; screening labs (Mycotoxin/Provoked Metals) recommended. * **10+:** High burden; prioritize Environmental Audit and Drainage opening immediately.

Practitioner Notes:

Next Steps:

- [] **Phase 0 (2-4 Weeks):** Replete antioxidants (Vit C, NAC, ALA) and open drainage (Fiber/Water).
 - [] **Phase 1 (Reveal):** Order Environmental Toxins Panel / Provoked Urine Test.
 - [] **Phase 2 (Optimize):** Implement binders and Phase II conjugation support (Sulfur/Amino Acids).
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