

# R.O.O.T.S. Method™: My Health Transformation Roadmap

Client Name: \_\_\_\_\_ Date: \_\_\_\_ Current Membership Tier: ☐ Foundation ☐ Transformation  
☐ Maintenance (Sustain)

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## Section 1: Phase Identification & Goal Alignment

*Identify where you are in the R.O.O.T.S. Method™ to ensure your program resources are being utilized effectively.*

**Current Phase (Check one):** - ☐ **REVEAL/ORGANIZE:** Initial lab testing and history taking.  
- ☐ **OPTIMIZE:** Focusing on the "Big 5" (Sleep, Hydration, Nutrition, Movement, Stress). - ☐  
**TARGET:** Specific clinical protocols (e.g., Gut Health, HPA Axis, Detox). - ☐ **SUSTAIN:** Long-term healthspan maintenance and community support.

**Top 3 Health Goals for this Phase:** 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

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## Section 2: The "Flipped Classroom" & Protocol Tracker

*Our practice uses an 80/20 model. We provide the 80% (Foundational Education) via your digital portal so our 1:1 or Group time can focus on the 20% (Your Unique Bio-Individuality).*

Requirement	Action / Video Module Completed	Key Takeaway / Question for Practitioner
Education	<input type="checkbox"/>	
Education	<input type="checkbox"/>	
Standard Protocol	<input type="checkbox"/>	
Individualized Variable	<input type="checkbox"/>	

**The 80/20 Check-In:** - **The 80% (Foundational Habits):** On a scale of 1-10, how consistent are you with the digital module recommendations? \_\_\_\_ - **The 20% (Clinical Detective Work):**  
List one specific symptom or reaction that feels unique to your body this week:

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## Section 3: Readiness for the "Sustain" Phase

*As you move from the "Target" phase to "Sustain," we shift from practitioner-led care to community-supported health.*

**Self-Assessment Checklist:** - ☐ I understand my primary triggers and how to manage them. - ☐ I have completed my core "Target" protocol (e.g., 5-R Gut Framework). - ☐ I feel confident navigating my foundational nutrition without daily guidance. - ☐ I am ready to engage with the peer community for long-term accountability.

**Total Checkmarks:** \_ / 4 (3+ checkmarks indicates readiness to transition to the lower-cost Maintenance/Sustain Membership Tier).

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## Section 4: Reflection & Next Steps

**What is the biggest win you've experienced in your current phase?**

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**What is one barrier we need to address in our next Group Office Hours or 1:1?**

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**Next Steps:** - ☐ Watch Module: \_\_\_\_\_ - ☐ Register for next Community Masterclass on (Date): \_\_\_\_\_ - ☐ Adjust Supplement Protocol per Clinical Playbook.

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