

The Master-Level 'Reveal' Intake Supplement

Client Name: _____ Date: _____ Practitioner: _____ ACE Score: _____ / 10

Section 1: The Trauma-Informed Lens

Shift from "What is wrong with you?" to "What happened to you?" Identify physiological adaptations.

- **Nervous System State:** [] Hyper-vigilant (Fight/Flight) [] Hypo-aroused (Freeze/Shut down)
- **Somatic Echoes:** Are symptoms triggered by specific sounds, smells, or environments?

- **The "Safety" Question:** Does the client currently feel "safe" in their body? [] Yes [] No
- **ACE Score Significance:** If 4+, note potential for 260% increased autoimmune risk.

Section 2: Subtle Environmental Triggers

Investigating beyond the standard intake to identify invisible toxic burdens.

Trigger Category	Master-Level Investigation	Observations/Findings
Micro-Mold	History of water intrusion? Musty smell after rain?	
EMF Sensitivity	Bed proximity to router/smart meter? Nocturnal HR spikes?	
Hidden Metals	Recent MRI (Gadolinium)? High kale intake (Thallium)?	
Nocturnal Environment	Tinnitus that resolves in nature?	

Section 3: Clinical Incongruence & Non-Verbal Cues

Observe the 93% of communication that is non-verbal. Note mismatches between words and body.

- **Micro-Expression Noted:** [] Disgust (Nose wrinkle) [] Fear (Shoulders raised) [] Sadness
- **Hand Gestures:** [] Clenched (Fight) [] Hidden (Shame) [] Mirroring Practitioner
- **Incongruence Tracker:**
 - *Client said:* " _____ "
 - *Body showed:* " _____ "

Section 4: Socratic Narrative Discovery

Uncovering the internal health narrative and "secondary gains" or fears.

- **The "Vitality" Fear:** "When you imagine yourself at 100% vitality, what about that routine feels scary?" _____
- **The "Avoidance" Reveal:** "If we resolved this fatigue tomorrow, what is the first thing you would do that you've been avoiding?" _____
- **Identity Check:** "What does this illness allow you to do (or not do) in your current life?"

Section 5: Biometric "Recovery Gap" Analysis

Objective longitudinal data from wearables (Oura, Whoop, CGM, Apple Watch).

- **HRV Trend (Last 30 Days):** [] Stable [] Declining [] Volatile
 - **The Recovery Gap:** Sleep Score is _ vs. Deep Sleep Duration is _.
 - **Glucose/Stress Correlation:** Do glucose spikes correlate with emotional events rather than food? _____
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Practitioner Reflection & Synthesis

Clinical Incongruence Level: [] Low [] Moderate [] High (Requires Rapport Re-build)

The "Invisible" Root Cause Hypothesis:

Next Steps: [] Order ERMI/HERTSMI-2 Testing [] Referral for Somatic Experiencing/Trauma Support [] EMF Mitigation Protocol (Sleep Sanctuary) [] Adjust protocol based on HRV "Recovery Gap"
