

R.O.O.T.S. METHOD™ CLIENT ROADMAP

Client Name: _____ Date: ____

Primary Health Goal: _____

SECTION 1: REVIEW & ORGANIZE (The Foundation)

Based on your initial intake and Functional Medicine Timeline.

Key Life Events/Triggers Identified: 1. _____ 2. _____

System Mapping (The Matrix): Identify the primary systems requiring attention (e.g., Digestive, Immune, Hormonal): - [] Primary Focus: _____ - [] Secondary Focus: _____

SECTION 2: OPTIMIZE (The "Low Hanging Fruit")

Before moving to complex protocols, we must stabilize the fundamentals. Please check the areas we will focus on first:

Lifestyle Pillar	Priority (1-3)	Specific Action Plan
Sleep Hygiene	[]	_____
Hydration	[]	_____
Stress Management	[]	_____
Movement	[]	_____
Nutrition Basics	[]	_____

SECTION 3: TARGET & TRACK (The Clinical GPS)

Specific interventions and how we will measure your progress.

Targeted Interventions (Nutritional/Botanical/Lifestyle): 1. _____ 2. _____

Support & Tracking Plan: | Metric to Track | Frequency | Target Goal | | :--- | :--- | :--- | |

Example: Energy Levels | Daily | 7/10 or higher | | | | | |

SECTION 4: PRACTITIONER REFLECTION & SCORING

Clinical Confidence Score: 1 2 3 4 5 6 7 8 9 10

(How confident do you feel in this protocol's alignment with the R.O.O.T.S. Method?)

Observations/Notes:

NEXT STEPS:

- ☐ Schedule Follow-up (Date: _____)
- ☐ Client to complete "Day 7" Check-in
- ☐ Practitioner to review Lab Markers (if applicable)

AccrediPro Standards Institute Certified Tool

Proprietary Framework of the Certified Functional Medicine Practitioner™ Program
