SUPPLEMENT RATIONALE & SAFETY TRACKER

Client Name: __ *Date:* __ Practitioner Name: ___ Program Stage: □ Reveal □ Target

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Section 1: Clinical Rationale (The "Why")

To be completed by the Practitioner for each "off-label" or high-potency nutraceutical recommendation.

Recommended Supplement: _____ Proposed Dosage/Frequency: _____ *Target Health Goal:* _____

Clinical Evidence Base: □ Peer-reviewed study (Reference: _____) □ Clinical guideline (Reference: _____***) ◻ ROOTS Method™ Protocol (Phase:*** _____)

Section 2: Informed Consent & Risk Analysis

Please review and initial each point below to ensure full understanding of the protocol.

Risk/Benefit Factor	Client Initials
Non-Prescription Disclosure: I understand this is a *recommendation*, not a medical prescription. My practitioner is not acting as my Primary Care Physician.	_
Side Effect Awareness: Potential side effects may include (e.g., GI distress, sleep changes): _____	_
FDA Status: I acknowledge that these supplements are not FDA-regulated for the treatment or cure of specific diseases.	_
Allergy/Interaction Check: I have disclosed all current medications and known allergies to my practitioner.	_

Section 3: Monitoring & Response Log

Use this table to track your body's response during the first 14 days of the new protocol.

Day	Dose Taken?	Observations (Energy, Digestion, Mood)	Side Effects?
Day 1	□		
Day 3	□		
Day 7	□		
Day 10	□		
Day 14	□		

Section 4: Reflection & Next Steps

Client Observations:

Practitioner Monitoring Plan: □ Re-test labs (Target: ____) **on Date:** _ □ Schedule Follow-up Review on Date: ___ □ Adjust dosage based on Day 14 feedback.

Total Compliance Score (1-10): ___ *(How consistently were you able to follow the protocol?)*

Disclaimer: *This document is for educational and risk-mitigation purposes within a functional health coaching relationship. It does not constitute medical advice or a diagnostic claim.*

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