

Supplement Safety & Quality Protocol

Client Name: _____ Date: _____

Section 1: Medication & Interaction Reconciliation

Before recommending any nutraceuticals, the following safety checks must be completed to prevent "Negligent Recommendation" liability.

- ☐ **Current Medications:** List all RX and OTC drugs (especially blood thinners, SSRIs, or diabetes meds):

- ☐ **Interaction Check Completed:** (Using Natural Medicines Database, ConsumerLab, or similar).
- ☐ **Contraindications Identified:** No ☐ / Yes ☐ (If yes, list adjustments made):

- ☐ **Pre-existing Conditions:** Check for kidney/liver issues or upcoming surgeries.

Section 2: Product Quality & Verification

To minimize "Product Liability," ensure every recommended product meets professional-grade standards.

Recommended Supplement	Brand/Source	Third-Party Seal (NSF, USP, etc.)	COA on File?
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Quality Standards Met: - ☐ Product is free from "Bargain Bin" DNA-verification issues. - ☐ Label claims match actual contents (Professional-grade dispensary used). - ☐ Manufacturing follows cGMP (current Good Manufacturing Practices).

Section 3: Practitioner Legal Disclosure

The following must be verbally discussed and checked to maintain transparency and FTC compliance.

- ☐ **Financial Disclosure:** Client has been informed that the practitioner may receive a commission/profit from the recommended dispensary.
- ☐ **Freedom of Choice:** Client understands they are **not required** to purchase from the practitioner and may source identical quality products elsewhere.
- ☐ **DSHEA Compliance:** Client understands these are **Structure/Function** recommendations to support physiology and are **not** intended to "treat, cure, or prevent" any disease.
- ☐ **Potential Side Effects:** Client has been warned of common side effects (e.g., "High-dose zinc may affect copper levels over time").

Section 4: Client Acknowledgement & Reflection

Practitioner Observations:

Client Questions/Concerns:

Next Review Date: _____

Next Steps:

- ☐ Send digital dispensary invite (Fullscript/Wellevate).
- ☐ Provide "How to Read a Supplement Label" handout.
- ☐ Schedule 2-week follow-up to monitor for adverse reactions.

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