

# FUNCTIONAL HEALTH EDUCATION & PROTOCOL WORKSHEET

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Practitioner Name: \_\_\_\_\_ CFMP Status: Certified

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## Section 1: Scope of Practice & Educational Intent

*To be completed during the initial consultation to ensure alignment on the nature of Functional Medicine Coaching.*

Please initial each box to acknowledge your understanding:

- [ ] **Educational Framework:** I understand that my practitioner is acting as a **Wellness Educator/Coach**. Their role is to provide information based on the R.O.O.T.S. Method™ and functional health principles.
- [ ] **Non-Medical Status:** I acknowledge that my practitioner is not a licensed medical doctor (unless otherwise specified) and does not diagnose, treat, cure, or prevent any medical condition or disease.
- [ ] **Primary Care Coordination:** I understand that these recommendations do NOT replace the advice of my Primary Care Physician (PCP). I am encouraged to share any protocols with my doctor.
- [ ] **Voluntary Participation:** I understand that all dietary changes, lifestyle adjustments, and supplement suggestions are voluntary.

## Section 2: Protocol Goals & Functional Language

*In Functional Health, we use specific language to describe our goals. Review the goals below and check those that apply to your current protocol.*

Goal Area	Functional Action	Client Focus (Notes)
Vitality	<input type="checkbox"/> Support / Balance	
Metabolism	<input type="checkbox"/> Optimize / Enhance	
Digestion	<input type="checkbox"/> Nourish / Restore	

Goal Area	Functional Action	Client Focus (Notes)
Stress	<input type="checkbox"/> Modulate / Calm	
General	<input type="checkbox"/> Educate / Empower	

## Section 3: Lab & Supplement Compliance Review

*This section ensures all recommendations meet regulatory standards for nutraceuticals and functional testing.*

**Functional Lab Interpretation:** Any labs reviewed (e.g., via Rupa Health) are for **educational purposes** to identify functional imbalances. They are not used for medical diagnosis. *Observation:* \_\_\_\_\_

**Nutraceutical Education:** *FDA Disclaimer: These statements have not been evaluated by the Food and Drug Administration. Recommended products are not intended to diagnose, treat, cure, or prevent any disease.*

**Current Recommendations:** 1. \_\_\_\_\_ 2. \_\_\_\_\_

## Section 4: Client Reflection & Confirmation

**How confident do you feel in implementing this educational protocol on a scale of 1-10? Score:** \_\_\_\_\_

**What is your primary "Functional Verb" for this week? (e.g., Support, Balance, Optimize)**  
\_\_\_\_\_  
\_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### Next Steps:

- [ ] Schedule follow-up via secure HIPAA-compliant portal.
  - [ ] Review educational handouts on [System/Organ Focus].
  - [ ] Share protocol summary with Primary Care Physician.
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