

# Endocrine Targeted Intervention & Response Tracker

Client Name: \_\_\_\_\_ Date: \_\_\_\_ Target Goal: (e.g., HPA Reset, Estrogen Balance, Insulin Sensitivity) \_\_\_\_\_

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## Section 1: Phenotype Identification

*Before selecting nutraceuticals, identify the primary clinical presentation (Check all that apply):*

**HPA Axis Phenotype:** - ☐ **Wired & Anxious:** High evening cortisol, insomnia, racing thoughts. - ☐ **Tired & Depressed:** Low morning cortisol, brain fog, heavy limbs. - ☐ **Metabolic Stress:** Stress-induced blood sugar spikes, mid-section weight gain. - ☐ **The 3 PM Slump:** Energy crash in the afternoon (Glycemic vs. Cortisol).

**Hormonal/Metabolic Phenotype:** - ☐ **Estrogen Dominance:** Heavy cycles, breast tenderness, irritability. - ☐ **Insulin Resistance/PCOS:** Skin tags, carb cravings, irregular ovulation. - ☐ **Subclinical Thyroid:** Cold intolerance, thinning hair, TSH 2.5–5.0.

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## Section 2: Targeted Protocol Design

*Based on Lesson 7 clinical guidelines. Prioritize metabolic stability before hormone modulation.*

Focus Area	Nutraceutical Selection	Dosage	Timing/Schedule
HPA Support	(e.g., Ashwagandha, Rhodiola, Holy Basil)		
Estrogen Detox	(e.g., DIM, Sulforaphane, CDG)		
Metabolic Sign.	(e.g., Berberine, Myo-inositol)		
Thyroid Co-factors	(e.g., Selenium, Zinc, Guggul)		

**Practitioner Note:** If using **Berberine**, implement the "Washout" (5 days on, 2 days off). If using **Iodine**, ensure TPO antibodies were tested and are negative.

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## Section 3: 4-Week Response Tracker

Rate symptoms on a scale of 1–10 (1 = Minimal/Absent, 10 = Severe).

Symptom Category	Baseline	Week 1	Week 2	Week 3	Week 4
Sleep Quality (3 AM wakeups?)					
Energy Levels (3 PM crash?)					
Mood/Irritability					
Cycle/PMS Severity					
Cravings/Blood Sugar					

## Section 4: Clinical Reflection & Sequencing

Adherence Score (1-10): \_\_\_\_ (Is the client experiencing "Supplement Overwhelm"?)

Observations & Side Effects:

**Next Steps:** - ☐ Continue current protocol for another 4 weeks. - ☐ Shift focus: Move from HPA support to Estrogen Biotransformation. - ☐ Reduce dosage/frequency (Maintenance Phase). - ☐ Lab Re-test: (e.g., DUTCH, fasting insulin, or thyroid panel).

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