

THE "TARGET PHASE" ETHICAL PROTOCOL WORKSHEET

Client Name: _____ Date: _____

Practitioner Goal: To ensure every recommended nutraceutical is clinically justified, financially transparent, and aligned with your health goals while avoiding "Protocol Creep."

Section 1: Clinical Justification (The "Why" Test)

Every supplement in your protocol must be linked to a specific finding from your Reveal or Organize phases.

Supplement Name	Specific Lab Marker or Symptom	Primary Physiological Goal	Expected Duration
1.			
2.			
3.			
4.			
5.			

Section 2: Financial Integrity & Transparency

Practitioner: Please initial each box as you discuss these points with the client.

- ☐ **Financial Disclosure:** I have informed the client if I receive a commission or profit from these recommendations.
- ☐ **Autonomy Statement:** I have informed the client they are under no obligation to purchase these products through my practice/dispensary.
- ☐ **Quality Rationale:** I have explained why these specific brands were chosen (e.g., Bioavailability, GMP Certification, Third-Party Testing).
- ☐ **Budget Alignment:** The total monthly cost of this protocol has been reviewed and fits within the client's stated budget.

Section 3: Accessibility & Budget Reflection

Total Estimated Monthly Investment: \$____

Client Reflection: On a scale of 1–10, how sustainable is this financial investment for you over the next 90 days? (1 = Impossible, 10 = Very Comfortable) **Score:** __

If the score is below 7, list the "Priority 1" interventions or food-based alternatives here:

Section 4: Re-Evaluation Plan

To avoid indefinite use, we will re-assess the need for these supplements on: **Date:** ____
(Recommended: 60–90 days)

Criteria for Discontinuation:

Practitioner Signature: _____ **Client Signature:** _____

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