

TOTAL TOXIC BURDEN & DRAINAGE READINESS ASSESSMENT

Client Name: _____ Date: _____

Instructions: This tool helps identify potential environmental toxin exposure (Mycotoxins, Heavy Metals, and Glyphosate) and evaluates if your body's "drainage pathways" are open enough to begin a detoxification protocol safely.

Section 1: Symptom Red Flag Checklist

Check all that apply in the last 30 days:

Neuro-Inflammatory (Potential Metals/Mold) - ☐ Persistent "Brain Fog" or cognitive decline - ☐ Unexplained "ice-pick" or sharp shooting pains - ☐ Metallic taste in the mouth - ☐ Sensitivity to light or sound - ☐ Tremors or muscle twitching

Metabolic & Gut (Potential Glyphosate/Xenoestrogens) - ☐ Chronic bloating or digestive distress - ☐ Food sensitivities that seem to be increasing - ☐ Hormonal imbalances (Heavy periods, PMS, or "Estrogen Dominance") - ☐ Fatigue that does not improve with 8+ hours of sleep - ☐ Unexplained weight gain (especially around the midsection)

Section 2: Environmental Exposure Audit

Exposure Factor	Yes	No	Notes (Year, Duration, etc.)
Do you live/work in a building with a history of leaks or a musty smell?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have silver (amalgam) dental fillings?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you consume non-organic grains, corn, or coffee regularly?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you use conventional lawn pesticides or "fragranced" body products?	<input type="checkbox"/>	<input type="checkbox"/>	

Exposure Factor	Yes	No	Notes (Year, Duration, etc.)
Have you lived in your current home for more than 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3: Drainage & Resilience Readiness

Before "pulling" toxins, your exit pathways must be open. Rate your current status:

Pathway	Metric	Status
Bowel Movements	1-2 easy-to-pass stools daily?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hydration	Drinking at least 2L of filtered water daily?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skin/Sweat	Do you sweat regularly (exercise/sauna)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kidney (Lab)	Is your BUN/Creatinine in optimal range?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Antioxidants	Are you taking Glutathione or NAC currently?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4: Clinical Marker Tracker (If Labs are Available)

Record your values to identify "Oxidative Bankruptcy":

- **Glutathione (GSH):** ___ (Low = Defense system overwhelmed)
- **8-OHdG:** ___ (High = Active DNA damage/Urgent intervention)
- **Mycotoxin High Markers:** _____
- **Heavy Metal High Markers:** _____

Practitioner Observations & Scoring:

Total Checkmarks (Section 1 & 2): ___ * **0-5:** Low immediate concern; focus on general wellness. * **6-10:** Moderate burden; screening labs (Mycotoxin/Provoked Metals) recommended. * **10+:** High burden; prioritize Environmental Audit and Drainage opening immediately.

Practitioner Notes:

Next Steps:

- [] **Phase 0 (2-4 Weeks):** Replete antioxidants (Vit C, NAC, ALA) and open drainage (Fiber/Water).
- [] **Phase 1 (Reveal):** Order Environmental Toxins Panel / Provoked Urine Test.
- [] **Phase 2 (Optimize):** Implement binders and Phase II conjugation support (Sulfur/Amino Acids).

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