



# Functional Medicine Prescription

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Functional Nutrition Prescription

### Functional Nutrition

- Phytonutrient Spectrum
- Core Food Plan (CFP)
- CFP modified \_\_\_\_\_

### First Step Interventions

- Elimination Diet
- Food Recommendation
- Carbohydrate Food Plan

### Advanced Interventions

- GI Specific Food Plan
- Dairy Food Plan
- Meat Food Plan

### Personal Dietary Recommendations

Macronutrient Distribution:  45/25/30  40/30/30  Mild/Strict Keto  Intermittent Fasting \_\_\_\_\_ days/wk  
 Target Calorie:  600  1000-1200  1200-1400  1400-1600  1600-2200  2200-2500

## Lifestyle Prescription

- Sleep: \_\_\_\_\_
- Exercise: Risk Assessment:  Low Risk  Medium Risk  High Risk  
Clearance:  Yes  No \_\_\_\_\_

Exercise Prescription	Qualified/Available	Strength/Resistance	Flexibility/Stretching	Balance
<b>F - Frequency</b> <small>(times per week)</small>				
<b>I - Intensity</b> <small>(eg. low, moderate, vigorous)</small>				
<b>T - Time/duration</b> <small>(minutes per session)</small>				
<b>T - Type</b> <small>(eg. walking, jogging, swimming)</small>				

Stress management \_\_\_\_\_

## Supplements/Medications Prescription

Supplement/Medication	On hand	Prescribed	Med. name	Strength	Med. reference	Dose	Frequency	Notes

Additional Comments \_\_\_\_\_

Prescribed by \_\_\_\_\_ Date \_\_\_\_\_

Follow-up Appointment \_\_\_\_\_