

Initial Consult Algorithm

- I. Greet patient and establish rapport and expectations for appointment.
 - A. Introduce yourself, e.g., “Hello, this is Jane, I’m a nurse practitioner at CCFM, and I will be performing your initial consult on behalf of Chris Kresser today.”
 - B. Establish expectations for the call; make it clear that the purpose of the IC is to collect the patient’s main complaints and determine what tests to order, not to do a comprehensive review of history and symptoms. That is what we’ll do in the next step, during the case review. For example, “The purpose of this call is to discover your primary complaints and your goals in working with us and determine which tests to order as part of your case review. During the case review, we’ll be going into great detail on your history, symptoms, and relevant background; today we’re going to focus on your main complaints/goals and some brief history surrounding those goals so we can make sure we order the right tests.”
 - C. Ask what the patient’s primary complaints and goals are and for a brief background on his or her complaints. For example, “With this in mind, can you tell me your top three to four complaints or your goals in working with us?”
- II. Collect main complaints and relevant history.
 - A. Allow patient to respond and listen with empathy and compassion. Reflective listening can be helpful here.
 - B. Ask what the patient has tried so far for the primary complaints and what the effects were of those interventions.
 - C. Ask if the patient has seen another practitioner for these complaints and what the outcome of that work was.
 - D. Ask if the patient has had lab testing for these complaints, what that testing was, and when the testing was done.

- E. Perform a brief review of symptoms by body system:
 - 1. Sleep
 - 2. Energy levels
 - 3. Digestion/elimination/food intolerances
 - 4. Skin
 - 5. Respiratory/allergies
 - 6. Pain/musculoskeletal
 - 7. Cognitive/neurological/mood
 - 8. Reproductive/hormones (women: menstrual cycle)

- F. Ask patient about current diet, and what diets he or she has tried in the past. What were the results? (Keep this in mind for later in the call when we make suggestions.)
 - 1. Ask if the patient is currently eating wheat- and gluten-containing foods.
 - a) If the answer is yes, consider adding Cyrex Array 3 to the initial round of tests if that test has not been done before

- G. Ask about formal diagnoses from previous practitioners.

- H. Ask what medications the patient is taking, if any.
 - 1. If the patient is taking steroid drugs, note that antibody testing (Cyrex) and cortisol testing (DUTCH, saliva) will not be accurate.
 - 2. If the patient is taking antibiotics or antimicrobials, the stool and SIBO breath testing will not be accurate.

- I. Ask if the patient has, or has had, dental amalgams.
 - 1. If the answer is yes, consider adding QS Blood Metals panel and QS TriTest, if finances allow.

- J. Ask if the patient has known exposure to mold?
 - 1. If the answer is yes, add VCS and biotoxin survey.

- K. Ask if the patient has ever had a tick bite or reason to believe he or she has been exposed to tick-borne illness.
 - 1. If the answer is yes, add Lyme Intake tag.
- III. Explain how FM can help, what tests we will order, and the next steps.
 - A. Explain how a functional medicine approach can effectively address the patient's primary concerns, and share any relevant success stories reflecting our work with other patients with similar concerns.
 - B. Explain which lab tests we would like to order, and why they are relevant to the patient's concerns.
 - C. Explain the Case Review process and the important timing of completing labs and paperwork. Invite the patient to review the detailed instructions for the labs, available in the patient portal, as soon as possible and begin planning accordingly.
 - D. Inform patient that an invoice for the Initial Consult, labs, and recommended supplements will be delivered via the portal, and that he or she must approve or modify this before moving forward.
- IV. Get patient started on a diet protocol (if they are not already).
 - A. If patient has not tried a 30-Day Paleo Reset, suggest that he or she do this between the initial consult and the case review. This will help us to determine to what extent diet may be contributing to the patient's condition.
 - 1. If the patient has already done this, or is following an even more restrictive diet (AIP, Paleo Low FODMAP, etc.), you can skip this step.
 - 2. If the patient has significant GI symptoms and hasn't tried a low-FODMAP version of Paleo, you may suggest this.
 - 3. If the patient has autoimmune disease and hasn't tried AIP, and wouldn't be overwhelmed by that (i.e., the patient is willing to try and is somewhat familiar with it and with Paleo), you may suggest this.

4. If weight loss/improving metabolic health are primary concerns and the patient hasn't tried a low-carb version of Paleo, you may suggest this.

B. Add necessary handouts for the diet protocol to the patient's portal.

V. Wrap-up

A. Remind patient that he or she will be seeing the clinician in person for the Case Review appointment.

B. Ask patient if he or she has have any questions before finishing the call.

C. Tell patient that you we are looking forward to working together, and let the patient know that a staff member will follow up with a phone call in the next 48 hours to answer any questions that come up after the call or during the process of completing the labs and paperwork.