THE INSTITUTE FOR FUNCTIONAL MEDICINE®

Functional Medicine Coaching Checklist

Patient Name _____ *Date of Birth* _____

Functional Nutrition Plan

Foundational Interventions

- ☐ Phytonutrient Spectrum
- ☐ Core Food Plan
  - ☐ Vegan
  - ☐ Vegetarian

Therapeutic Interventions

- ☐ Cardiometabolic Food Plan
- ☐ Elimination Diet
- ☐ Detox Food Plan
- ☐ Mito Food Plan

Personal Dietary Recommendations

Macronutrient Distribution (protein/fat/carbs): ☐ 20/30/50 ☐ 25/30/45 ☐ 30/30/40 ☐ 20/60/20

Target Calories: ☐ 1000-1200 ☐ 1200-1400 ☐ 1400-1800 ☐ 1800-2200 ☐ 2200-2500

Intermittent Fasting: ☐ Yes ☐ No Target calories per day: _____ Frequency: _____ times per week

Other Recommendations: _____

Lifestyle Plan

Sleep

Recommendations: _____

Exercise

Risk Assessment: ☐ Low Risk ☐ Medium Risk ☐ High Risk

Clearance: ☐ Yes ☐ No _____

Exercise Prescription:	Cardio/Aerobic	Strength/Resistance	Flexibility/Stretching	Balance
F–Frequency (times per week)				
I–Intensity (low, moderate, vigorous)				
T–Time/Duration (minutes each day)				
T–Type (walking, jogging, swimming, etc.)				

Restoration

- ☐ Self-Awareness/Mindfulness
- ☐ Guided Imagery/Visualization
- ☐ Relaxation Response
- ☐ Breathing Techniques
- ☐ Meditation
- ☐ Other: _____

Disclaimer: This form is intended to be used within the scope of your practice.

Supplement and Medication Plan

Supplement or Medication	On Rising	Breakfast	Mid-Morning	Lunch	Mid-Afternoon	Dinner	Mid-Evening	Before Bed

Additional Comments:

Prescribed By: _____ **Date:** _____

Coach: _____ Next Appointment: _____

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