

MODULE 10 – PROTOCOL CRITERIA ASSESSMENT TASK

CASE STUDY NUMBER 2

Please provide your protocol recommendations in the Template at the end of this document for the below client. Before creating the protocol, please write what other points from the intake form may need to be addressed with the Client and any information you feel is missing or needs clarification.

Intake Form:

Given Name	Joshua
Surname	Beltran
Date of Birth:	26-10-1952
Age:	61
Address:	PO BOX 1
Address2	
Suburb:	HEALING TOWN
Postcode	2100
Country	Australia
State	NSW
Carers name (if applicable):	None - Married
Current weight:	81
Height:	5.5
How did you hear about the Clinic?:	My son told me about you

Medical History

Please list notable points in your medical History and use as much space as you need. Ideally attach any recent test results (not scans/images just reports) when you send this form back or prior to a consultation.

2000- Diabetes / Hypertension 2000- Sciatic 2001- Gallbladder 2017- Asthma 2018- Stent- Coronary Artery 2010- Prostate Removed 20% Cancer 2012- Hernia Repair / Cellulitis Infection

Current medications or previous medications that may be relevant:

Amitriptyline 10mg - 1 tablet in the evening
Amlodipine 10mg - 1 tablet daily
Aspirin 100mg - 1 tablet daily
Ausfam 40mg - 1 tablet daily
Crosva 40mg - 1 tablet daily
Jardiamet 12.5/1000 100mg - 1 tablet daily
Karvezide 300/12.5 300mg - 1 tablet daily
Levemir 100IU/ML - 42 units at night
Salbutamol 5mg 0.5ml unit dose vials - 1 Vial every 4 hours p.r.n
Spironolactone 25mg - 1/2 tablet daily
Ventolin - 2 puffs every 4 hours p.r.n with spacer

If you are in pain – how would you rate your current pain - from 1 – 10 (1 being none and 10 being extreme):

If you are experiencing anxiety – how would you rate it from 1 - 10 (1 being none and 10 being extreme):

If you are experiencing stress – how would you rate it from 1 - 10 (1 being none and 10 being extreme):

If you are experiencing depression – how would you rate it from 1 - 10 (1 being none and 10 being extreme):

How would you rate your energy levels during the day - 1 out of 10 (1 being no energy and 10 being very high)

Personal History and Situation

We endeavour to be as thorough and supportive to your individual needs as possible. The following are a series of questions which help us to determine where you are in relation to your own well-being and healing. Your honesty in answering the questions are of benefit to YOU by assisting the practitioners to determine the most advantageous holistic approach for you– so please sit quietly with each question before answering. Your answers are private and confidential;

1. At this present point in time, in relation to your illness/situation, how are you feeling:

a) About yourself – I don't have the energy levels that I use to. Short of breathe and also occasionally suffer from chest pains. Severe lower back pain. b) About your previous / current physician/s or practitioner/s - No issues as such just been advised to wait three months to check PSA levels and I am concerned that in three months time things could escalate given his history. c) About those around you – in particular those you would consider your support network - My wife is supportive

2. Do you feel that you could have prevented this situation in any way? Yes / no

NO

If yes – in what way?

If no – in what way?

3. What current exercise or movement do you do weekly and what time frame?

Farm work- on my feet all day

4. Please provide details of the following: a) Do you consume anything prior to breakfast? Tablets b) What do you consume for breakfast? Slice of toast with ham or occasionally fried or poached egg c) What do you consume as Daytime snacks? Coffee, occasionally piece of fruit or dry biscuit d) What do you consume for Lunch? anything from pasta, meat, veges, fish, chicken, (Left overs from dinner which can be any of what has been mentioned) e) What do you consume for Dinner? Any of the following pasta, meat, fish, chicken veges

5. How much water do you consume daily – and where do you source it from?

3-4 litres a day rain water or bottled water

6. What dietary supplements are in currently in your diet?

N/A

7. Do you do any (for example) meditation, prayer, stretching, yoga, inner inquiry, breathwork etc?

NO

If yes – please list and details

length of time you have been doing the activity, how it feels after each activity and what benefits you may receive from each activity.

If no – please give details

how do you feel about introducing such activities into your daily life?

Do You Consume alcohol?

NO

How many / how often?

Smoke Cigarettes?

NO

How many / how often?

9. Do you feel there is anything that may inhibit your protocol? Joe is very set in his ways and is use to his own routine. He tends to struggle with change.

10. What specific goal/s are you hoping to achieve by following this kind of protocol?

-Bring down PSA levels -Better pain management

11. Have you ever used cannabis - recreationally or medicinally? (this helps to give background to your tolerance of the protocols)

NO

12. Do you work on a regular basis, or perform daily tasks that may influence your symptoms or health situation?

I currently work on a vineyard 7 days a week

ASSESSMENT COMPONENT

Please list here any further information you feel may be helpful or essential to know about the client's situation eg: medications, history, diet, lifestyle. Make note of the rationale of each element you feel needs further attention.

PROTOCOL CRITERIA – RECOMMENDATIONS

Based solely on the information provided create a protocol for this client and include rationale for each item recommended. Include starting doses and any future suggestions the client may incorporate after this initial phase. Costings are NOT addressed in this exercise.

Below is a standard email to client post- consultation which includes their protocol, please complete the form for Joshua as per above. The “?” indicates a response is required

Dear Joshua,

A pleasure sharing with you via the phone today, and I trust the conversation helped to give you an idea of the way we work with the plants and herbs to assist the body in returning to its natural balance. We are here to support and advise with the use of the formulas and recommendations. Am looking forward to seeing how this protocol works with and for you.

As discussed, below are the main goals that we wish to address initially;

- * Assist with ?
- * Assist with ?
- * Assist with ?

Our recommendations are to start with ? oral cannabinoid formulas, and introduce the nutritional component of ? into your daily routine. The premise of this initial programme is to give the body a chance to activate the endocannabinoid system (ECS) receptors to boost the body's healing response, assist with (eg) detoxifying the body , ?, ? and ?.

NB: Oral and nasal formulas to be taken at least 1 hour away from any pharmaceutical medications and 2-3 hours clear of alcohol.

Also PLEASE monitor Blood Pressure (if you have this health concern) for the first week once starting protocol.

We recommend to sit with your formulas and take a few deep breaths before and after taking each dose to assist with greater connectivity, and deepen relaxation.

CANNABINOID FORMULAS:

Choose appropriately:

- How many oils to be taken throughout the day/ evening
- What Cannabinoid structure for each formula
- Dosage
- Usage / benefits

Using the suggestions as a template below, create the protocol for Joshua

- **CBD Dominant 5/1 Clarity: Morning & Day time oil ?** - an olive oil base CBD predominant teacher plant formula, infused with botanicals that combined assist with activating the Endocannabinoid System Receptors, calming the nervous system, and maintaining a healthy brain function - **Start with 2 drops after breakfast. Then each new day increase by 1-2 drops (according to comfortability) until noticeable improvement to calming right arm tremor is felt. This may be up to 15-20 drops each day.**
- **THC Dominant MCT 1/8 Evening oil ?** -This a THC dominant night time teacher plant formula assisting with calming the nervous systems for deeper relaxation to create more nourishing sleep, as well assist with pain management. **Start with 1-2 drops in the evening 1 hour before bed. Then increase by 1-2 drops each night (according to comfortability) until noticeable improvement to stress, relaxation, and more nourishing sleep is felt. This may be up to 10-15 drops each night.**
- **Hemp Seeds 500gm** – Hemp seeds contain a 3:1 balance of Omega 3 to Omega 6 are high in Gamma Linolenic Acid are a great source of Magnesium and Protein containing all 20 amino acids including the 9 essential that the body is unable to produce. They help decrease inflammation support brain and bone health and prepare the body for uptake of cannabis oils. **Start with 1 tablespoon in daily Hemp Seed smoothie and build up to 2-3 tablespoons each day over 2-3 weeks. We recommend using filtered fluoride free water, and have included details on how to make a hemp seed smoothie and other ideas with this email.**

When starting a cannabis program it is recommended to increase fresh water consumption to assist in eliminating toxins. Please consume filtered water whenever possible. Tap water contains heavy metals, chlorine, fluoride and glyphosate all which have adverse effects on the body.

OTHER RECOMMENDATIONS

Include dietary ideas, teas, topical oils, or other appropriate products and state whether they are part of the initial protocol recommendations or to be considered for the next layer of program:

Also, attached is information on how to care for your products, to assist with keeping them fresh, and look forward to checking in with you in the next 5-7 days to discuss the next step after the initial program. In the interim, if you have any questions about this protocol, please let me know.

Also keep these instructions in an easy to find place as we do not print unless necessary to assist with preserving the environment

End of task