



PROGRAM DESIGN CHECKLIST

Name _____ Page _____

ROW No.	STEP 1* & 2	DONE √
1	Step 1A – Read Chapter titled, “ Step 1- Re-Hydration ” in either the “ How To Design Supplement Program ” or the complete “ STSPM Program Instructions ” documents.	
2	Step 1B – Order 3 bottles of Double Helix Water (DHW) at (940) 761-4045	
3	Step 1C – Using 2 of the 3 DHW bottles, one at a time, complete the Re-Hydration Protocol.	
4	Step 1D – After completing Steps 1A to 1C , use the third DHW bottle and add it to one Gallon of R.O. or Distilled Water, shake container and drink 2 ounces, twice daily. Do this the rest of your life so your body receives “complete” water. (2 nd Most Important Nutrient is complete, pure & sufficient water) See Webpage 4F (4-Self-Therapy Program / F-Double Helix Water)	
5	Step 2A – Read Chapter titled, “ Step 2- Designing Supplement Program ” in either the “ How To Design Supplement Program ” or the complete “ STSPM Program Instructions ” documents and decide Healing Pace (Horse, Rabbit, Squirrel, Turtle or Snail) OR Financial Pace Plan.	
6	Step 2B – Do you understand the “Ordering Policy & Guidelines?”	
	Step 2C – Photocopy the Nutritional Program Chart (Page 3 of Report)	
7	Step 2D – If you chose a Horse Healing Plan , you may skip this step and go to Step 2E. Otherwise, you are now ready to design your Therapeutic Supplement Program based on your decision in Step 2A above. Mark through any supplement on the Nutritional Program Chart that will not be included in your Therapeutic Supplement Program. Be sure write in Double Helix Water, 2 ounces twice daily. If for financial reasons, you have had to adjust dosage, make the adjustment on this chart.	
8	Step 2E – Calculate number of bottles of each supplement for order, using our revised Nutritional Program Chart (Step 2D).	
9	Step 2F – Order a 30- or 45-day supply of supplements (30 day minimum order) by emailing at STSP@AdvancedClinicalNutrition.com or call (940) 761-4045. You need only one bottle of Double Helix Water for a 30-day supply. Email Subject Line: STSP ORDER – First & Last Name.	
10	Step 2G – Calendar – If ordering 30-day supply, mark your calendar to reorder every 25 days; if ordering 45-day supply, mark your calendar to reorder every 40 days. Do this for every order you will need until the month after your <u>Nutritional Evaluation Re-Evaluation Due Date</u> . Repeat this step each time you design a new Therapeutic Supplement Program based on updated Re-Evaluation Report.	
11	Step 2H – Understand not breaking Healing Momentum? Timely reorders every 25 or 40 days (i.e., Step 2G) assures healing momentum continuum.	
Continued next page. *Ideally, do Step 1 first, but if not possible, complete Steps 1 A to 1 D as soon as possible to assure healing results		

ROW No.	STEP 3 & 4 Name: _____ Date: _____	DONE ✓
12	Step 3A – Read Chapter titled, “ Nutritional Re-Evaluation Schedule. ” in either the “ How To Design Supplement Program ” or the complete “ STSPM Program Instructions ” documents.	
13	Step 3B – Calculate your next Nutritional Re-Evaluation Due Date and write this at bottom of Nutritional Program Chart if not already typed on this sheet.	
14	Step 3C – Did you record your Nutritional Re-Evaluations Due Date on your Personal Calendar?	
15	Step 3D – Did you record your Re-Evaluation Due Date in the space to the right of “My Next Appointment _____” located in the bottom-right corner on the Nutritional Program Chart, if not already typed in the “Re-Evaluation Date” (bottom left-corner)?	
16	<p>Step 4A – Re-Evaluation Due Date Has Arrived on Personal Calendar –</p> <p>To Continue Clinical Nutrition Therapy, Go to Steps 4B to 4C below to assure each step has been completed to update your Nutritional Re-Evaluation Questionnaires & Forms so you may re-design your Therapeutic Supplement Program based on the results from a newly updated Re-Evaluation Report. Or</p> <p>To Close Clinical Nutrition Therapy, Go to Steps 4D to 4E below to properly close therapy in good standing so you may resume therapy again any time you need to in the future and to design your Health Maintenance Supplement Program to assist your body in maintaining current level of health.</p> <p>(Note: Clients who design and adhere to their Health Maintenance Supplements require less Clinical Nutrition Therapeutic Supplement Programs in the future. Just like auto maintenance reduces need for auto mechanic.</p>	<p>I choose to:</p> <p>Continue</p> <p>Closure & Maintain</p> <p>(Circle One)</p>
17	Step 4B –Did you complete and submit a copy of all questionnaires and forms on the A2-ReEvaluation webpage to A.C.N. within seven days from the Nutritional Re-Evaluation Due Date, including typing the Date of your Next Re-Evaluation Due Date in the Notes section of the Symptom Survey Form (Bottom-Right, Page 2) ?	
18	Step 4C – Did you mark your Calendar with the date of the next Re-Evaluation Due Date and the Supplement Re-Order Dates (at 25 or 40 day intervals)?	
19	Step 4D – Read Chapters titled, “ Step 4 Therapy Closure and Step 5 – Maintenance Supplement Program ” in either the “ How To Design Supplement Program ” or the complete “ STSPM Program Instructions ” documents. Also Read “ Weaning Off Discontinued Supplements ” in the Chapter titled, “Nutritional Evaluation”, section “Page 3- Nutritional Supplement Program.”	
20	Step 4E – Order a 30- or 45-day supply of your Health Maintenance Supplements at least one week before you have weaned off the first supplement listed on the Nutritional Program Chart regarding the Therapeutic Supplement Program you are discontinuing. Call (940) 761-4045 to order or for Email Orders, use: STSP@AdvancedClinicalNutrition.com . If Email, subject line must read: STSP ORDER – Your First and Last Name.	
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