

IOH Student Training Manual

Scope of Practice, Client Management, Contraindications & Referral Guidelines

Version 1.0 · Institute of Health (IOH)

Certification covered: Functional Health Practitioner (FHP) — Nutritional Therapy & Functional Blood Analysis.

How to use this manual

This manual is provided to IOH students as a practical guide for safe, compliant delivery of education-based health services. It outlines what is in scope, how to manage clients, and when to refer out. It is not a substitute for local laws, regulations, professional codes, or insurer conditions. Where any guidance in this manual conflicts with jurisdictional rules, always follow your regulator, insurer, and supervising practitioner.

Applies to: IOH Advanced Functional Health Practitioner (Level 1) and IOH Master Functional Health Practitioner (Level 2).

Audience: Students and graduates operating within an advice-only, education-led scope.

1) Scope of Practice

1.1 Core scope (advice-only)

Within IOH programs, practitioners operate in an educational scope. Services focus on:

- Interpreting validated questionnaires, client history and in-scope functional blood analysis to form non-diagnostic hypotheses and education (e.g. patterns, priorities, lifestyle focus).
- Designing bio-individual nutrition and meal plans tailored to client goals, culture and constraints (including detailed prescriptive meal plans within the IOH certification scope), alongside food-based guidance and macronutrient/micronutrient planning.
- Developing over-the-counter (OTC) supplement plans with bio-individualised dosing informed by assessment (including functional blood analysis, history, and questionnaires), remaining at or below established Tolerable Upper Intake Levels (ULs) and within safety parameters; including timing, duration, re-evaluation schedule, and medication-interaction screening; and coordinating with the client's GP/pharmacist as appropriate.
- Educating on over-the-counter supplements, including purpose, potential benefits, general cautions and how to liaise with primary providers. No prescribing, dispensing, or dosing of scheduled medicines.

- Sequencing program phases via IOH's Priority Order of Dysfunction (POD): Nourish → Restore → Defend → Regulate → Optimise.
- Translating findings into client-friendly reports using educational language such as “may indicate” or “suggests,” never diagnostic labels.

1.2 Out-of-scope activities (never do)

- Diagnosing, treating, or curing disease.
- Altering prescribed medications or medical devices.
- Advising on discontinuation or initiation of prescription medicines.
- Providing regulated medical nutrition therapy that is reserved by law for specific licensees (e.g. treating a diagnosed disease with a prescriptive diet) unless the practitioner separately holds that licensure. Within IOH scope, meal plans and OTC supplement plans are provided for education and wellbeing support, not as disease treatment.
- Ordering or interpreting tests outside scope or jurisdictional permissions.
- Performing invasive procedures or emergency care beyond basic first aid.
- Recommending, advising on, supplying, compounding, or facilitating the use of peptides or peptide therapies (and similar scheduled substances such as SARMS). These are prescription-only/regulated products and are strictly out of scope for IOH students and graduates.

1.3 Laboratory data and quality control

- Functional ranges and patterns may be used to educate clients and prioritise lifestyle and nutrition strategies. Do not position functional ranges as clinical diagnostic cut-offs.
- Maintain pre-analytical quality control for any blood work being reviewed: confirm fasting status when requested, avoidance of strenuous exercise before the draw, and disclosure of supplements or medications that may affect results.
- Identify markers that necessitate medical referral and clearly communicate that referral in writing.

1.4 Consent, disclaimers, privacy, and records

- Obtain informed consent prior to any assessment or recommendations. Renew consent when the scope changes or new testing is discussed.
- Provide clear terms of business, privacy statements, and disclaimers. Ensure clients acknowledge receipt.
- Keep accurate, contemporaneous records that are objective, legible, and stored securely in accordance with data-protection laws.

1.5 Insurance and professional safeguards

- Maintain appropriate Professional Indemnity and Public Liability cover relevant to your scope and jurisdiction. If you are a student without the prerequisite qualifications, confirm eligibility with your insurer and IOH prior to seeing clients.
- Activities typically covered under IOH's educational scope (confirm with your insurer): nutrition and lifestyle assessment; preparation of bio-individual meal plans; OTC supplement education plans; non-diagnostic review of client-provided functional blood analysis; behaviour change coaching; client education materials and reports.
- Build and maintain referral pathways with local GPs, specialists, psychologists, dietitians and allied health professionals.

1.6 Communication standards

- Use educational, non-diagnostic wording in all client-facing documents.
 - Avoid absolutes and medical promises. Emphasise collaboration with primary providers.
 - Be culturally safe and trauma-aware. Adapt communication to health literacy and language needs.
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2) Client Management

2.1 Ethical intake and triage workflow

Before the first session

1. Send pre-screen forms: health history, medications, supplements, nutrition recall, sleep/stress, and goal setting.
2. Provide terms, privacy, and consent forms. Do not commence until signed.
3. Review red flags. If present, advise medical review before non-urgent health coaching proceeds.

First session

- Establish client goals, expectations, and roles. Clarify the educational scope and referral boundaries.
- Review health history and questionnaires. Use open-ended questions and reflective listening.
- If reviewing existing lab work supplied by the client, confirm pre-analytical quality factors and collection details.

- Identify priorities using POD and initiate development of a phased plan that matches the client's capacity and budget.

Between sessions

- Provide a concise summary with next steps, simple metrics to track, and reasons for each recommendation.
- Schedule follow-ups. Encourage clients to report adverse effects or new symptoms promptly.
- Maintain open and transparent lines of communication with set professional boundaries that clients are aware of.

2.2 Documentation standards

Use a consistent structure (eg. SOAP):

- **Subjective:** client-reported symptoms, goals, adherence and context.
- **Objective:** questionnaire scores, anthropometrics, relevant in-scope labs.
- **Assessment:** non-diagnostic pattern reasoning, priorities, referral notes.
- **Plan:** education points, nutrition focus, lifestyle targets, supplement education, follow-up and monitoring.

Include: date/time, session type, informed consent status, any referrals given, and follow-up schedule. For supplement plans, also capture dosing rationale (marker-linked where applicable), proposed dose and form, UL reference and value, interaction screen outcome, start/stop criteria, and re-check timeframe.

2.3 Follow-up cadence and progress tracking

- Standard cadence: 2 to 4 weeks initially, then extend as self-efficacy improves.
- Track: energy, digestion, sleep, stress, cycle changes, adherence, and agreed biometrics.
- Iterate plans in phases. Avoid protocol stacking. Confirm understanding at each step and document client acceptance.

2.4 Inter-professional collaboration

- With consent, correspond with the client's GP or specialist when red flags, medication changes, pregnancy, surgery, or significant lab abnormalities arise.
- Use neutral language and provide a brief rationale for your referral or concerns, including specific observations.

2.5 Telehealth, accessibility, and cultural safety

- Ensure secure platforms, private environments, and identity verification.
- Provide materials in plain language and accessible formats.
- Respect cultural practices, beliefs, and community obligations. Seek interpreter services where appropriate.

2.6 Complaints, adverse events, and incidents

- Maintain a written complaints process and respond within stated timeframes.
 - Log adverse events or near misses and escalate to a supervisor or insurer when required.
 - In emergencies or if a client is at immediate risk, follow the Emergency Protocol (Section 3.1).
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3) Contraindications & Referral Guidelines

The lists below are not exhaustive. When unsure, pause, document, and refer.

3.1 Emergency protocol

- If urgent or life-threatening red flags are present, instruct the client to call local emergency services immediately (Australia: 000), or call on their behalf if you reasonably believe they are at immediate risk.
- Remain on the line until help arrives where feasible. Document actions and notify your supervisor and insurer as required.

Examples of emergency red flags

- Chest pain or pressure, especially with shortness of breath, jaw/arm pain, or sweating.
- New focal neurological deficits, severe sudden headache, slurred speech, confusion, or seizures.
- Suicidal intent or plan, recent attempt, self-harm with medical risk, psychosis, or violent ideation.
- Anaphylaxis signs: swelling of tongue/lips, breathing difficulty, widespread hives with dizziness.
- Severe dehydration, syncope with injury, or GI bleeding.

3.2 Non-emergent but urgent medical referral

Refer for prompt GP review when any of the following are present or suspected:

- Unexplained weight loss, fever, night sweats, persistent unexplained pain, or blood in stool/urine.
- Marked or worsening edema, uncontrolled hypertension, resting tachycardia over threshold or new arrhythmia symptoms.
- Newly discovered or rapidly changing breast or skin lesions.
- Severe gastrointestinal symptoms: persistent vomiting, suspected obstruction, severe right upper quadrant pain with fever or jaundice.
- New pregnancy with complications or red flag symptoms.
- Abnormal client-provided lab values that are outside reference ranges with concerning symptoms. Provide the GP with a neutral summary and request clinical evaluation.

3.3 Mental health considerations

- Screen for mood, anxiety, sleep disturbance, recent major stressors, and substance use.
- If suicidal ideation, self-harm, psychosis, or severe functional decline is disclosed, stop the session, ensure immediate safety planning, and facilitate referral to primary care or emergency services.
- Continue only with written confirmation that a medical provider is involved and that coaching is appropriate as adjunctive support.

3.4 Pregnancy and lactation

Always refer to the client's obstetric or primary care team for clearance. Within an advice-only scope:

- Avoid calorie deficits, aggressive detoxification, sauna/heat stress protocols, and fasting regimens.
- Avoid education that could be construed as prescribing higher-risk supplements or botanicals in pregnancy or lactation (eg. high dose vitamin A/retinoids, certain fat-soluble vitamins at pharmacological doses, androgenic herbs, strong laxatives, high-dose iodine without medical oversight).
- Avoid advising supplements which may impair uterine implantation (e.g. curcumin, resveratrol, green tea extract)
- Focus on whole foods, gentle symptom management, sleep, stress reduction, and micronutrient sufficiency within standard dietary intakes.
- Escalate red flags immediately: reduced foetal movements, vaginal bleeding, severe headache with visual changes, right upper quadrant pain, swelling of face/hands, shortness of breath at rest, or severe vomiting/dehydration.

3.5 Oncology

- Do not position nutrition education as a cancer treatment.
- Require written confirmation from the oncology team that adjunctive nutrition education is appropriate.
- Avoid supplement education that risks interactions with chemotherapy, radiotherapy, or surgery unless guided by the oncology team.
- Prioritise safety, adequate protein-energy intake, and symptom-guided support in collaboration with the care team.

3.6 Eating disorders and severe under-nutrition

- If an eating disorder is suspected, refer to a GP and specialist team. Do not provide weight-focused goals.
- Continue coaching only as part of a documented multidisciplinary plan and within the team's guidance.

3.7 Complex chronic conditions and infections

- Autoimmunity, Lyme/co-infections, mould-related illness, ME/CFS, and significant endocrine disorders require medical oversight.
- Your role is education: terrain-focused nutrition, sleep, stress, and gentle pacing.
- Refer for medical evaluation for diagnosis and treatment, and coordinate within scope when clearance is provided.

3.8 Supplement and protocol contraindications

- Avoid aggressive multi-supplement "stacks," extreme elimination diets, or multi-agent antimicrobial protocols without medical collaboration.
 - Cease any non-essential supplement education if adverse effects emerge and advise medical review.
 - Document suspected interactions and provide product labels to the client's pharmacist/GP when in doubt.
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Appendices

Appendix A: Informed Consent & Acknowledgements (Example Template)

Client details

Name: _____ DOB: _____ Phone/Email:

Address:

Service description

I understand that the Institute of Health (IOH) Functional Health Practitioner (FHP) operates within an education-based scope. Services may include assessment of my history and goals, review of client-provided laboratory data (including functional blood analysis) for non-diagnostic education, and the development of bio-individual meal plans and OTC supplement plans with bio-individualised dosing that remain at or below established safe upper limits (ULs), aligned to my goals and preferences.

Role & limitations

- Services are educational and are **not** a substitute for medical care.
- Practitioners do **not** diagnose, treat, or cure disease, and do not alter prescribed medications.
- I will maintain regular care with my GP/specialist and will seek medical attention when advised.

Risks & self-responsibility

I understand that changes in diet, activity, or supplements may carry risks (e.g., digestive upset, allergic reaction, intolerance, interactions). I agree to disclose all medications, supplements, pregnancy status, and medical history, and to inform my practitioner promptly of any adverse effects.

Privacy & records

My information will be stored securely and handled in accordance with privacy laws. I may request access to my records. De-identified data may be used for quality improvement/education.

Telehealth & communication

I consent to telehealth sessions. I agree to use the practice's approved channels for communication and understand response times are not immediate or for emergencies.

Fees, cancellations & refunds

I have received the Terms of Business (Appendix E) and agree to the stated fees, cancellation, rescheduling, and refund policies.

Consent to liaise (optional)

I authorise IOH/Practitioner to share relevant information with my GP/specialist/pharmacist to support coordinated care.

GP: _____ Specialist: _____ Pharmacist:

Emergency & red flags

I understand the practitioner will refer me to urgent care if red-flag symptoms arise and that emergencies require contacting local services (AU: 000).

Acknowledgement & consent

By signing, I confirm I have read and understood this consent, had questions answered, and agree to proceed within the stated scope.

Client Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____

Appendix B: Referral Letter Template Example (GP/Specialist)

From: Practitioner Name, Credentials, Practice, Phone/Email

To: Dr/Service _____

Client: Name _____ DOB _____ Contact _____

Date: _____

Reason for referral

I am providing adjunctive functional health education within an advice-only scope. The following observations prompt medical review:

- Summary (non-diagnostic):

- Relevant history/symptoms (duration, severity): _____
- Client-provided labs/observations:

Request

Kindly assess for medical causes and advise on suitability of adjunctive nutrition/supplement education and any precautions.

Attachments

Client-provided lab summary Medication/supplement list Symptom timeline Other: _____

Practitioner notes

POD priorities (education-only): _____

With consent, I'm happy to coordinate within your guidance.

Sincerely,

Signature _____

Appendix C: Adverse Event / Incident Log Example (Form + Guidance)

When to use: Any unintended outcome, near miss, or complaint linked to services, plans, or communications.

Event record

- Date/Time: _____
- Client: _____
- Event type: Adverse reaction Near miss Complaint Privacy incident Other: _____
- Description (facts only):

- Phase/Plan involved (e.g., POD phase, meal plan element, supplement education item):

- Severity (0–5): ____ Immediate actions taken: _____
- Client notified? Yes No Practitioner supervisor/insurer notified? Yes No When: _____
- Referral/escalation:

- Root cause factors (if known):

- Follow-up/outcome:

- Practitioner signature/date: _____

Guidance:

- Prioritise client safety. Stop/modify plan as needed.
 - Document within 24 hours.
 - If privacy breach is suspected, implement breach procedure (Appendix F) and notify as required by law/insurer.
 - Review learnings in supervision and update templates or SOPs if needed.
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Appendix D: Pregnancy & Lactation Quick Reference (Education Scope)

Core principles

- Obtain/confirm medical oversight; use collaborative language.
- Emphasise food-first nutrition, hydration, gentle movement, sleep, and stress care.
- Avoid aggressive detox/sauna/fasting and extreme elimination protocols.
- Provide meal plans that prioritise micronutrient density, safe food handling, nausea management, iron-rich foods with vitamin C, and adequate protein/energy.

OTC supplement education cautions *(examples; defer to obstetric team when uncertain)*

- Avoid high-dose vitamin A/retinoids; exercise caution with fat-soluble vitamins at pharmacological doses.
- Be cautious with botanicals with hormonal/uterotonic effects.
- Iron, iodine, vitamin D, choline, DHA—discuss standard manufacturer dosing and coordinate with the GP/obstetrician.

Escalate/referral triggers

- Vaginal bleeding; severe/persistent vomiting or dehydration; reduced foetal movements; severe headache with visual changes; right upper quadrant pain/jaundice; swelling of face/hands; shortness of breath at rest.

Documentation

- Record obstetric provider details, agreed precautions, and any product labels discussed. Provide a summary for the client to share with their care team.
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Appendix E: Terms of Business (Example)

Services & scope

We provide education-based health services, including assessment of history/goals, non-diagnostic review of client-provided labs, and development of bio-individual meal plans and OTC supplement education plans. We do not diagnose, treat, or cure disease, nor alter prescribed medications. Always consult your GP/specialist for medical advice.

Fees & payment

Session fees, programs, and resources are listed on our website or welcome pack. Payment is due at booking unless otherwise arranged. Invoices are issued electronically.

Cancellations & rescheduling

We require __ hours' notice to reschedule or cancel. Late cancellations or missed appointments may incur a fee of \$__. Consideration is given for emergencies.

Communication

Email/portal messages are for brief, non-urgent matters. Response times are typically within __ business days. Do not use these channels for emergencies (call 000 in Australia).

Telehealth

We use secure platforms. Please ensure a private space and stable internet connection.

Complaints

We value feedback. Please email _____. We acknowledge within __ business days and aim to resolve within __ days. If unresolved, we will provide details of external avenues.

Privacy

We comply with applicable privacy laws. See our Privacy Policy for detail on collection, storage, access, and breach response.

Refunds

Refunds follow Australian Consumer Law and our program terms. Digital resources are generally non-refundable once accessed, except as required by law.

Acknowledgement

By proceeding, you confirm you understand our scope and agree to these terms.

Appendix F: Record-Keeping & Data Standards (Policy)

See Student Data Compliance Manual

Appendix G: Disclaimer Wording Examples

Website footer:

“The information on this site is for education only and is not a substitute for medical advice, diagnosis, or treatment. Always consult your doctor or qualified health professional.”

Client reports & plans:

“This report/plan provides education based on your goals and information you supplied. Findings use non-diagnostic language and are not medical advice. Please review with your GP/specialist, especially before changing medications or if symptoms worsen.”

Supplement plans (bio-individual dosing):

“Doses are set individually within established safe upper limits (ULs) and based on assessment (including functional blood analysis where available). Consider medication interactions and personal risk factors. Consult your GP/pharmacist for personalised advice, especially before changes to prescribed therapies.”

Social media & emails:

“General information only. Not medical advice. Seek personalised care from your GP/specialist.”

Telehealth sessions:

“Telehealth is suitable for education. If urgent symptoms arise, call emergency services (000 in Australia).”

Appendix H: Safety, UL & Re-Evaluation Policy (Practice-Level)

1. **UL framework:** Practitioners must reference recognised ULs (national or international guidance) and document the source when setting doses. Where ULs differ between sources, adopt the more conservative value.
2. **Bio-individual dosing:** Doses may exceed standard manufacturer labels only when justified by assessment findings (e.g., functional blood analysis indicating insufficiency/deficiency) and when the dose remains at or below the UL for the client’s population.
3. **Special populations:** Pregnancy/lactation, paediatric, renal/hepatic impairment, and polypharmacy require additional caution and, where appropriate, written clearance from the primary provider.
4. **Re-evaluation cadence:** Re-check markers/symptoms on a defined timeline (typically 4–12 weeks depending on nutrient half-life and clinical context). Reduce to maintenance or cease when adequacy is achieved.
5. **Documentation:** Use the Dosing Justification Worksheet (Appendix I) and include the item in the session note (Appendix F minimum record set). Retain product labels where feasible.
6. **Collaboration:** Provide clients with a concise summary for their GP/pharmacist upon request. Escalate any adverse effects promptly and document actions.