



TEG823

**ITEC Level 3  
Treatment Evidence Guidance Form  
Unit 823 - Provide Body Electrotherapy Treatments**

**5 body electrotherapy treatments to be performed (covering the range of machine treatments) and the outcomes documented**

*To be completed by the lecturer/assessor and quality assurer and externally verified by ITEC. Please attach a copy of this form to the front of each candidate's completed treatment evidence*

**Candidate Name:**

**Candidate Number:**

**Centre Name and ID Number:**

**Date:**

<i>Please tick box</i>	<b>Yes</b>	<b>No</b>
<b>Consultation</b>		
<b>Medical History</b>		
<b>Treatment Details</b>		
<b>Client Feedback</b>		
<b>Aftercare and Home Care Advice</b>		

All treatments completed – Yes  No

Please note; **each** box must be ticked 'Yes' in order to gain a pass grade. If any area is answered 'No' the treatment evidence will be referred until the omitted section is completed

**Signed by the Lecturer/Assessor**

**Signed by the Candidate**

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**Quality Assured by:**

**ITEC Examiner/External Verifier**

**Name:**

**Name:**

**Signature:**

**Signature:**