

ITEC Evidence of Treatments Guidance Sheet
Unit 5 – On Site Massage



Evidence of treating 3 clients on 3 separate occasions each

*To be completed by the lecturer and verified by the ITEC examiner
Please attach a copy of this sheet to the front of each learner's completed evidence of treatments.*

Learner Name:

Learner Number:

Centre Name:

Subject:

Date:

<i>Please tick box</i>	Yes	No
Consultation		
Medical History		
Stress levels at work and at home		
Treatment Details		
Aftercare and Home care advice		
Have all treatments been completed?		

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

Signed by the ITEC Examiner

Signed by the Lecturer

Signed by the Learner
