



**ITEC Unit 15 Figure Diagnosis and Body Electrical Treatments  
Evidence of Treatments Guidance Form**

**Evidence of treating 3 clients on 3 separate occasions each for a range of suitable body electrical treatments, showing results and progression.**

*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:**

**Date:**

<i>Please tick box</i>		<b>Yes</b>	<b>No</b>
<b>Consultation</b>			
<b>Medical History</b>			
<b>Lifestyle</b>			
<b>Treatment Details</b>			
<b>Client Feedback</b>			
<b>After and Home care advice</b>			
<b>Have all treatments been completed?</b>			

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***

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***Signed by the Learner***

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