

Treatment Evidence Guidance Form

iUBT295 – Holistic massage

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

Learner name: _____

Learner number: _____

Centre name: _____

Date: _____

	Please tick box:	Yes	No
Consultation			
Medical history			
Lifestyle (including stress levels at home and stress levels at work – on a scale of 1-10)			
Client profile			
Treatment plan			
How the client felt during <i>each</i> treatment			
How the client felt after <i>each</i> treatment			
Home care advice for <i>each</i> treatment			
Reflective practice after each treatment			
Overall conclusion of the case study			
Have all case studies/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 treatment evidence will be referred until the omitted section is completed.

External examiner name: _____

External examiner signature: _____ Date: _____

Lecturer/Assessor name: _____

Lecturer/Assessor name signature: _____ Date: _____

Learner name: _____

Learner signature: _____ Date: _____

Document History

Version	Issue Date	Changes	Role
v1	03/09/2019	First published	Qualifications and Regulation Co-ordinator