

Treatment Evidence Guidance Form

iUSP149 – Sports massage

3 treatments per client to be performed on a minimum of 5 clients (15 treatments in total)

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: <ul style="list-style-type: none"> Stress levels at home – on a scale of 1-10 Stress levels at work – on a scale of 1-10 			
Physical examination			
Assessment			
Rationale for each treatment			
Treatment			
How the client felt during each treatment			
How the client felt after each treatment			
Homecare advice for each treatment			
Reflective practice for each treatment			
Overall conclusion of the case study			
All case studies/treatment evidence 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 signature: _____ Date: _____

Learner name: _____

Learner signature: _____ Date: _____

Document History

Version	Issue Date	Changes	Role
v1	27/09/2019	First published	Qualifications Administrator