

# Treatment Evidence Guidance Form

iUBT322 – Provide Indian head massage

## 4 Indian head massage treatments to be performed and the outcomes documented

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			
Treatment details			
Client feedback			
Aftercare and home care advice			
All treatments 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 and Regulation Co-ordinator