

Treatment Evidence Guidance Form

iUCT32 – Provide reflexology for complementary therapies

100 reflexology treatments to be performed and the outcomes documented. These must include 40 case studies - 10 clients treated a minimum of 4 times each plus evidence of an additional 60 treatments.

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			
Brief client profile and general lifestyle details (Inc. stress levels at home and stress levels at work – on a scale 1-10)			
Treatment plan			
Reading of the feet – each treatment			
Foot chart noting any sore/painful/lumpy/grainy reflexes or crystal deposits found for each treatment			
Client feedback			
Home care advice including recommendations for self-treatment			
Case studies only: Self-reflection and evaluation at the end of each treatment			
Case studies only: Any CPD requirements			
100 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	09/10/2019	First published	Qualifications and Regulation Co-ordinator