

# Treatment Evidence Guidance Form

iUBT334 – Reflexology

**4 treatments per client to be performed on a minimum of 10 clients  
(Case study 40 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 <i>(inc. Stress levels at home and stress levels at work – on a scale of 1-10)</i>			
Client profile			
Treatment plan			
Reading of the feet – each treatment			
How the therapist conducted the treatment – to include a detailed foot chart noting any sore/painful/lumpy /grainy reflexes or crystal deposits found for each treatment			
How the client felt before each treatment			
How the client felt during each treatment			
How the client felt immediately after each treatment and immediate aftercare given			
Specific home care advice for each treatment			
Recommendations for self-treatment			
Reflective practice after each treatment			
Overall conclusion of the case			
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 signature: \_\_\_\_\_ Date: \_\_\_\_\_

Learner name: \_\_\_\_\_

Learner signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Document History

Version	Issue Date	Changes	Role
v1	09/10/19	First published	Qualifications Administrator