

# Case Study Guidance Form

iUBT372 – Lymphatic drainage massage

**A total of 9 treatments to be performed and 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			
Reasons for treatment			
Treatment details			
Client feedback			
Aftercare and home care advice			

**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 signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Lecturer/assessor name:** \_\_\_\_\_

**Lecturer/assessor signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

## Document History

Version	Issue Date	Changes	Role
v1	19/12/2019	First published	Qualifications Administrator