

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