

Treatment Evidence Guidance Form

iUCT22 – Aromatherapy

10 clients to be treated 4 times each to make a total of 40 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 and general lifestyle			
Client profile			
Treatment plan			
Rationale for the choice of carrier oil			
Rationale for the choice of each essential oil			
Indication of alternative oils that could have been used			
Exact amounts of carrier oil and essential oil blended			
Details of how the therapist conducted the treatment			
Details of how the client felt and their feedback			
Details of specific home care advice given			
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 name signature: _____ **Date:** _____

Learner name: _____

Learner signature: _____ **Date:** _____

Document History

Version	Issue Date	Changes	Role
v1	07/04/2020	First published	Product and Regulation Manager