



CSETA381

**ITEC Level 3**  
**Unit 381 - Provide Reflexology for Complementary Therapies**  
**Case Study and Evidence of Treatments Assessment Form**

**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/assessor and the quality assurer and externally verified by the ITEC. Please attach a copy of this form to the front of each candidate's completed case study/ evidence of treatments documentation.*

**Candidate Name:**  
**Student Number:**  
**Centre Name and ID Number:**  
**Date:**

<i>Please tick box</i>	<b>Yes</b>	<b>No</b>
<b>Consultation</b>		
<b>Medical History</b>		
<b>Brief client profile and general lifestyle details</b> <i>(inc. Stress levels at home and stress levels at work – on a scale of 1-10)</i>		
<b>Treatment Plan</b>		
<b>Reading of the feet – each treatment</b>		
<b>Foot chart noting any sore/painful/lumpy/grainy reflexes or crystal deposits found for each treatment</b>		
<b>Client feedback</b>		
<b>Home care advice including recommendations for self treatment</b>		
<b>Case studies only:</b> <b>Self reflection and evaluation at the end of each treatment</b>		
<b>Case studies only:</b> <b>Any CPD requirements</b>		

**100 treatments completed – Yes  No**

*Please note; each box must be ticked 'Yes' in order to gain a pass grade. If any area is answered 'No' the case studies/evidence of treatments will be referred until the omitted section is completed.*

**Signed by the Lecturer/Assessor**

**Signed by the Candidate**

\_\_\_\_\_

\_\_\_\_\_

**Quality Assured by:**

**ITEC External Examiner/Verifier:**

**Name:**

**Name:**

**Signature:**

**Signature:**

**Date:**

**Date:**