

# GUIDELINES FOR COMPLETING CASE STUDIES AND EVIDENCED TREATMENTS

---

To make life simpler for you we have produced this set of guidelines to help you with the documentation requirements for this part of your exam. If you follow them with care, there should be no complications.

As part of the ITEC Reflexology course **forty** case studies and **sixty** evidence treatments must be produced.

- The 40 case studies are broken down as **ten people treated four times** (not friends or family).
- The 60 evidence treatments will be carried out on your fellow class-mates and the remaining are carried out on friends, family etc with a **maximum of two sessions** per person. Evidence treatments are documented as **individual, separate sessions**, unlike the case studies.

The case studies and evidenced treatments will be marked by your tutor then presented to the ITEC examiner on the day of the practical exam. You will need to present your work in a **lever arch file**.

Your documentation will be checked by your tutor during the course and guidance will be given where necessary.

Your ITEC student number will be given to us about 4 weeks before the examination date. You will then need to insert this on to your consultation forms.

## Finding case study volunteers:

It is important that your case studies are carried out on people previously unknown to you. This will give you the best learning experience and will be most beneficial as you train to become a reflexologist.

To find case study volunteers should not prove too difficult – you may even have a surplus once you put the word out. Although you can't use people you know they may be willing to ask their friends and contacts who are unknown to you. Please try to use the most diverse group possible – eg age, gender, lifestyle. This will mirror real life as closely as possible.

As a service to our students we also maintain a database of volunteers for you to select from. People are encouraged to sign up on the website and this directory is made available to you via the following link - [www.mscom.co.uk/case-studies-listing](http://www.mscom.co.uk/case-studies-listing)

You are also welcome to sign up to be a volunteer for other courses. If you wish to add your name to the list please go to About Us and Select Case Studies. You can then register on-line.

## Your final folder must include the following:

---

### Section 1

#### **ITEC Marking sheet**

Use the following form:

#### ***Treatment Evidence Guidance Form - iUCT32 – Provide reflexology for complementary therapies***

(see end of this document)

This is the marking sheet used by the examination board. It is presented at the front of your folder.

Please enter the following:

- **Your name**
- **ITEC student number (please check with us if you do not know this)**
- **Centre name and number (MSCM / 1160)**
- **Examination date.**

You **must sign** this where indicated.

Please **leave the rest of the form blank** for your tutor to complete.

---

### Section 2

#### **Title Page**

This should include the following:(please check your spellings!!)

<p style="text-align: center;"><b>Middlesex School of Complementary Medicine</b> Date of your exam Your name <b>ITEC Diploma Reflexology Case Studies and Evidenced Treatments</b> <b>School Principal: Lynn Vereenooghe.</b></p>
---

---

## Section 3

### **Personal Profile**

this is an introduction to you and why you chose to embark on a reflexology course – half a page approximately.

---

## Section 4

### **ITEC Business Modules (units 384 & 385)** – if applicable

Include the following:

- **Signed ITEC marking sheet for Unit iUCT21**  
Use the following form:  
*Assignment Assessment Form - iUCT21 – Principles and practice of complementary therapies* (see end of this document)
- **Unit iUCT21 assignments**
- **Signed ITEC marking sheet for Unit iUCT34**  
Use the following form:  
*Assignment Assessment Form - iUCT34 – Business Practice for Complementary Therapies* (see end of this document)
- **Unit iUCT34 assignments**

Please use clear dividers to separate the two modules.

---

## Section 5

### **Case Studies and Evidenced Treatments Section**

For each **CASE STUDY** client you will complete the following form

*Reflexology Diploma Course – Case Study Consultation Form* (see end of this document)

For each **EVIDENCED TREATMENT** client you will complete the following form

*Reflexology Diploma Course – Evidenced Treatment Consultation Form* (see end of this document)

## **RULES for both**

- Client's names and addresses should be omitted and instead should be coded – eg **CS1** etc.
- **The consultation will include a CLIENT PROFILE:** this is an introduction to the client, their hobbies, life-style, work environment and should state reasons for the treatment.
- Client and therapist signatures must be shown **at each session.** You must include where your client sees their stress levels, at home and at work in a scale of 1- 10. Foot maps must be completed for each treatment.

---

## **Section 6 - When you have finished ALL treatments for ALL clients:**

### **Conclusion**

The conclusion is an overall summary and personal conclusion expressing, what **you** learnt from this experience. Include any thought on where you want to go from this stage and any areas that you may wish to study further.

---



## Folder Checklist

Go through this checklist and ensure you have included all the following in the correct order.

**Signed ITEC Marking Sheet**

**Title Page**

**Personal Profile**

**Divider**

**Signed ITEC marking sheet for Unit iUCT21**

**Unit iUCT21 assignments**

**Divider**

**Signed ITEC marking sheet for Unit iUCT34**

**Unit iUCT34 assignments**

**Divider**

**Case Study 1**

**Divider**

**Case Study 2**

**Divider**

**Case Study 3**

**Divider**

**Case Study 4**

**Divider**

**Case Study 5**

**Divider**

**Case Study 6**

**Divider**

**Case Study 7**

**Divider**

**Case Study 8**

**Divider**

**Case Study 9**

**Divider**

**Case Study 10**

**Divider**

**Evidenced Treatments**

**Divider**

**Conclusion**



Please read through this list of rules before you begin working with any paperwork. It will save you time and possible confusion later. The rules are simple and easy to follow but please remember your folder will be rejected if any items are missing or out of order. May we suggest you print off these rules and the checklist and place them in front of your Lever Arch File to refer to as you build up your folder.

**Rule 1**

Please present your work securely in **one folder**.

**Rule 2**

Your work may be hand written so long as **it is legible** or typed if you prefer.

**Rule 3**

Each page must be hole punched and inserted as single sheets within the folder  
– **do NOT use clear plastic pockets within the folder**.

**Rule 4**

Ensure you have checked your folder against the checklist and everything is present and in the right order with dividers in place.

**Rule 5**

Hand in your folder on time – no later than 2 weeks before the exam date.

**IMPORTANT**

**PLEASE NOTE**

If your folder is not presented **two weeks** before the exam date, you will be **WITHDRAWN** from the exam and will have to pay again to re-enrol for a later date

# Important Documents



The following pages contains all the forms you need plus extra guidance sheets from ITEC.

Please print off as required.

Contents:

- ***Treatment Evidence Guidance Form iUCT32 – Provide reflexology for complementary therapies***
- ***Assignment Assessment Form - iUCT21 – Principles and practice of complementary therapies***
- ***Assignment Assessment Form - iUCT34 – Business Practice for Complementary Therapies***
- ***Reflexology Diploma Course – Case Study Consultation Form***
- ***Reflexology Diploma Course – Evidenced Treatment Consultation Form***

# Treatment Evidence Guidance Form

iUCT32 – Provide reflexology for complementary therapies

**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 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			
Brief client profile and general lifestyle details (Inc. stress levels at home and stress levels at work – on a scale 1-10)			
Treatment plan			
Reading of the feet – each treatment			
Foot chart noting any sore/painful/lumpy/grainy reflexes or crystal deposits found for each treatment			
Client feedback			
Home care advice including recommendations for self-treatment			
Case studies only: Self-reflection and evaluation at the end of each treatment			
Case studies only: Any CPD requirements			
100 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 signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

## Document History

Version	Issue Date	Changes	Role
v1	09/10/2019	First published	Qualifications and Regulation Co-ordinator

# Assignment Assessment Form

iUCT21 – Principles and practice of complementary therapies

**Instructions:**

- Assessors must use this form to evaluate Learners’ submitted evidence, which may be a combination of some or all of the types listed below. Please indicate with a ✓ which source of information was submitted and accepted, and indicate with an × evidence submitted but not accepted
- Learners may re-submit evidence for further evaluation at any stage of their course in order to achieve success
- When all evidence has been submitted and accepted Assessors must place a ✓ in the Assignment Completed box. This indicates a pass mark
- The form must be placed with the project evidence for ITEC external verification purposes

	Written Word	Chart	Spider Diagram	Other Pictorial Presentation	Date Accepted
<b>Therapy 1</b>					
Concept, origins and development					
Therapy objectives					
Regulations and legal obligations					
Training required					
Key aspects of good clinical practice					
<b>Therapy 2</b>					
Concept, origins and development					
Therapy objectives					
Regulations and legal obligations					
Training required					
Key aspects of good clinical practice					
<b>Therapy 3</b>					
Concept, origins and development					

Therapy objectives					
Regulations and legal obligations					
Training required					
Key aspects of good clinical practice					
<b>Therapy 4</b>					
Concept, origins and development					
Therapy objectives					
Regulations and legal obligations					
Training required					
Key aspects of good clinical practice					
Assignment Completed					Pass

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

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

Lecturer/assessor's name: \_\_\_\_\_

Lecturer/assessor's name signature: \_\_\_\_\_ Date: \_\_\_\_\_

External examiner's/verifier's name: \_\_\_\_\_

External examiner's/verifier's signature: \_\_\_\_\_ Date: \_\_\_\_\_

(if sampled)

**Document History**

Version	Issue Date	Changes	Role
v1	09/10/2019	First published	Qualifications and Regulation Co-ordinator
v2	13/01/2019	Amended to reduce size	Qualifications and Regulation Co-ordinator

# Assignment Assessment Form

iUCT34 – Business Practice for Complementary Therapies

**Instructions:**

- Assessors must use this form to evaluate Learners’ submitted evidence, which may be a combination of some or all of the types listed below. Please indicate with a ✓ which source of information was submitted and accepted, and indicate with an × evidence submitted but not accepted
- Learners may re-submit evidence for further evaluation at any stage of their course in order to achieve success
- When all evidence has been submitted and accepted Assessors must place a ✓ in the Assignment Completed box. This indicates a pass mark
- The form must be placed with the project evidence for ITEC external verification purposes

	Written Word	Chart	Spider Diagram	Other Pictorial Presentation	3D Model	Date Accepted
Mission statement						
Market research						
Competitor analysis						
Premises/location						
Corporate image and design – marketing and publicity material, business stationery						
Products, services and prices						
Fixed and variable costs						
Staffing requirements and employment opportunities						
SWOT analysis						
Risk analysis						
Marketing and publicity						
Finance – start up and running costs						
Additional professional services						

Legal requirements						
Security and data protection						
Customer service and communication						
				Assignment Completed	Pass	

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

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

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

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

External examiner/verifier's name: \_\_\_\_\_

External examiner/verifier's signature: \_\_\_\_\_ Date: \_\_\_\_\_

(if sampled)

#### Document History

Version	Issue Date	Changes	Role
v1	09/10/2019	First published	Qualifications and Regulation Co-ordinator
v2	13/01/2020	Reduced size	Qualifications and Regulation Co-ordinator

# Reflexology Diploma Course – Case Study Consultation Form (ITEC Unit 381)



**Centre Name: MSCM** **Centre Number: 1160**

**Student Name:**

**Student ITEC Number:** **Client reference: CS/**

**Treatment Date:**

**Age Group:** under 20  20-30  30-40  40-50  50-60  60+  **M / F**

**Lifestyle:** Active  Sedentary  Combination  **Occupation:**

**Last visit to Doctor:**

**GP Name and Address:**

**Number of children:** **Stress Levels: Home 1 - 10**

**Work 1 - 10**

**Date of last monthly period:**

**MEDICAL HISTORY** Written permission GP/Specialist  **Informed Consent**

Have you had any:	NO	YES	If 'YES' please give dates and details
Major illnesses			
Major operations			
Accidents/injuries			
<b>Have you ever had:</b>			
Epilepsy			
Diabetes			
Digestive system problems			
Circulatory/heart problems			
Respiratory problems			
Gynaecological problems			
Back problems			
Any other medical conditions			
Any other contra-indications that restrict treatment			

## Reflexology Diploma Course – Case Study Consultation Form (ITEC Unit 381)

Have you had any:	NO	YES	If 'YES' please give dates and details
Sleeping problems			
Skin complaints			
Allergies			
Other			
<b>Do you currently:</b>			
Take any medication			
Take vitamins/minerals			
Smoke			
Drink alcohol			
Drink tea and/or coffee			
Drink water			
Exercise			
Pursue any hobbies			
<b>Do you eat any of the following</b>			
Fresh fruit			
Fresh vegetables			
Protein Meat/Fish/Vegetable Protein			
Dairy			
Processed/convenience food			
Do you eat in a hurry			
Do you have regular meals			
<b>Are you currently:</b>			
Receiving any other treatment			
Pregnant or planning a family			

### Lifestyle

Sleep patterns: **Good**  **Average**  **Poor**  **Number of hours per night**

What is your ability to relax? **Good/Average/Poor**

Do you see daylight in the workplace? **Yes/No**

Do you work at a computer? **Yes/No How many hours**



# Reflexology Diploma Course – Case Study Consultation Form (ITEC Unit 381)

## Consent

I confirm that all the information on this form is correct to the best of my knowledge and that I am not aware of any reason why I may not have a Reflexology treatment. I understand that Reflexology is not a substitute for conventional medical treatment and that all details will be treated as confidential.

## Medical Contra-indications only

I confirm that I have understood the treatment that I am to receive and confirm that I am willing to proceed without confirmation from my own GP or Consultant.

**Signature (Initials only)**

**Date:**

**Client Signature (Initials only):**

**Therapist Signature:**

## THERAPIST COPY: Privacy Notice and Consent

Under GDPR Regulations I am obliged to inform you as to what personal details I will hold, why I need them and what your rights are. Please read the information given to you and sign the statement of consent at the bottom.

<b>Therapist name</b>	
<b>Telephone number</b>	
<b>Email address</b>	
<b>Data controller contact details</b>	As above

### The purpose of processing client data

Thank you for volunteering to be a case study/evidenced treatment client. To enable me to provide a treatment I will need to obtain potentially sensitive information regarding your health. This information is required for the successful completion of my course and will be submitted to my tutor, internal MSCM verifier and the external ITEC examiner. I will also record your basic contact details, (these will not be submitted) so I can contact you regarding appointments.

### Legal requirements for holding/ using client information

The lawful basis under which I hold and use the information is my legitimate interests ie my requirement to retain information in order to provide you with the most appropriate treatment options and advice as part of my case studies as a student complementary medicine practitioner.

As I hold specialised category information (health related), the Additional Condition under which I hold and use this information is for me to fulfil my role as a health care practitioner bound un MSCM confidentiality as defined in the MSCM Code of Practice and Ethics. (see [www.mscm.co.uk](http://www.mscm.co.uk))

### What information will I hold?

I will need to collect the following information

- Your contact details (name and telephone number)
- Medical history
- Treatment details and related notes (recorded after every treatment)

*As previously stated this information, excluding your contact details, will be shared with my course tutor, the MSCM internal verifier and the external ITEC examiner.*

Your information will be held for a **seven year period** following the last treatment in line with insurance requirements. (Records for a child to be held until the child is 25 or if 17 when treated, then 26)

## Protecting your personal data

I am committed to ensuring that your personal data is secure. In order to prevent unauthorised access or disclosure, I have put in place appropriate technical, physical and managerial procedures to safeguard and secure the information we collect from you.

## Your rights

The GDPR provides the following rights for individuals:

- The right to be informed
- The right of access
- The right to rectification
- The right to erasure
- The right to restrict processing
- The right to data portability
- The right to object
- Rights in relation to automated decision making and profiling.

If you wish to any of these rights, please use the contact details given above.

## Declaration

I have seen this document and understand that you will hold and use my personal information, using it in order to provide me with the best possible treatment options and advice in line with the statements above.

I have received a copy of this document

<b>Name (Initials only)</b>	
<b>Date</b>	
<b>Signature (Initials only)</b>	

***Therapist Copy***

## CLIENT COPY: Privacy Notice and Consent

Under GDPR Regulations I am obliged to inform you as to what personal details I will hold, why I need them and what your rights are. Please read the information given to you and sign the statement of consent at the bottom.

<b>Therapist name</b>	
<b>Telephone number</b>	
<b>Email address</b>	
<b>Data controller contact details</b>	As above

### The purpose of processing client data

Thank you for volunteering to be a case study/evidenced treatment client. To enable me to provide a treatment I will need to obtain potentially sensitive information regarding your health. This information is required for the successful completion of my course and will be submitted to my tutor, internal MSCM verifier and the external ITEC examiner. I will also record your basic contact details, (these will not be submitted) so I can contact you regarding appointments.

### Legal requirements for holding/ using client information

The lawful basis under which I hold and use the information is my legitimate interests ie my requirement to retain information in order to provide you with the most appropriate treatment options and advice as part of my case studies as a student complementary medicine practitioner.

As I hold specialised category information (health related), the Additional Condition under which I hold and use this information is for me to fulfil my role as a health care practitioner bound un MSCM confidentiality as defined in the MSCM Code of Practice and Ethics. (see [www.mscm.co.uk](http://www.mscm.co.uk))

### What information will I hold?

I will need to collect the following information

- Your contact details (name and telephone number)
- Medical history
- Treatment details and related notes (recorded after every treatment)

*As previously stated this information, excluding your contact details, will be shared with my course tutor, the MSCM internal verifier and the external ITEC examiner.*

Your information will be held for a **seven year period** following the last treatment in line with insurance requirements. (Records for a child to be held until the child is 25 or if 17 when treated, then 26)

### Protecting your personal data

I am committed to ensuring that your personal data is secure. In order to prevent unauthorised access or disclosure, I have put in place appropriate technical, physical and managerial procedures to safeguard and secure the information we collect from you.

**Your rights**

The GDPR provides the following rights for individuals:

- The right to be informed
- The right of access
- The right to rectification
- The right to erasure
- The right to restrict processing
- The right to data portability
- The right to object
- Rights in relation to automated decision making and profiling.

If you wish to any of these rights, please use the contact details given above.

**Declaration**

I have seen this document and understand that you will hold and use my personal information, using it in order to provide me with the best possible treatment options and advice in line with the statements above.

I have received a copy of this document

<b>Name</b>	
<b>Date</b>	
<b>Signature (Initials only)</b>	

***Client Copy***

**Client Profile** (introduce your client including lifestyle)

**Reading the Feet**

**Local Contra-indications**

**Skin texture**

**Skin type**

**Colour**

**Flexibility**

**Temperature**

**Swelling/puffiness**

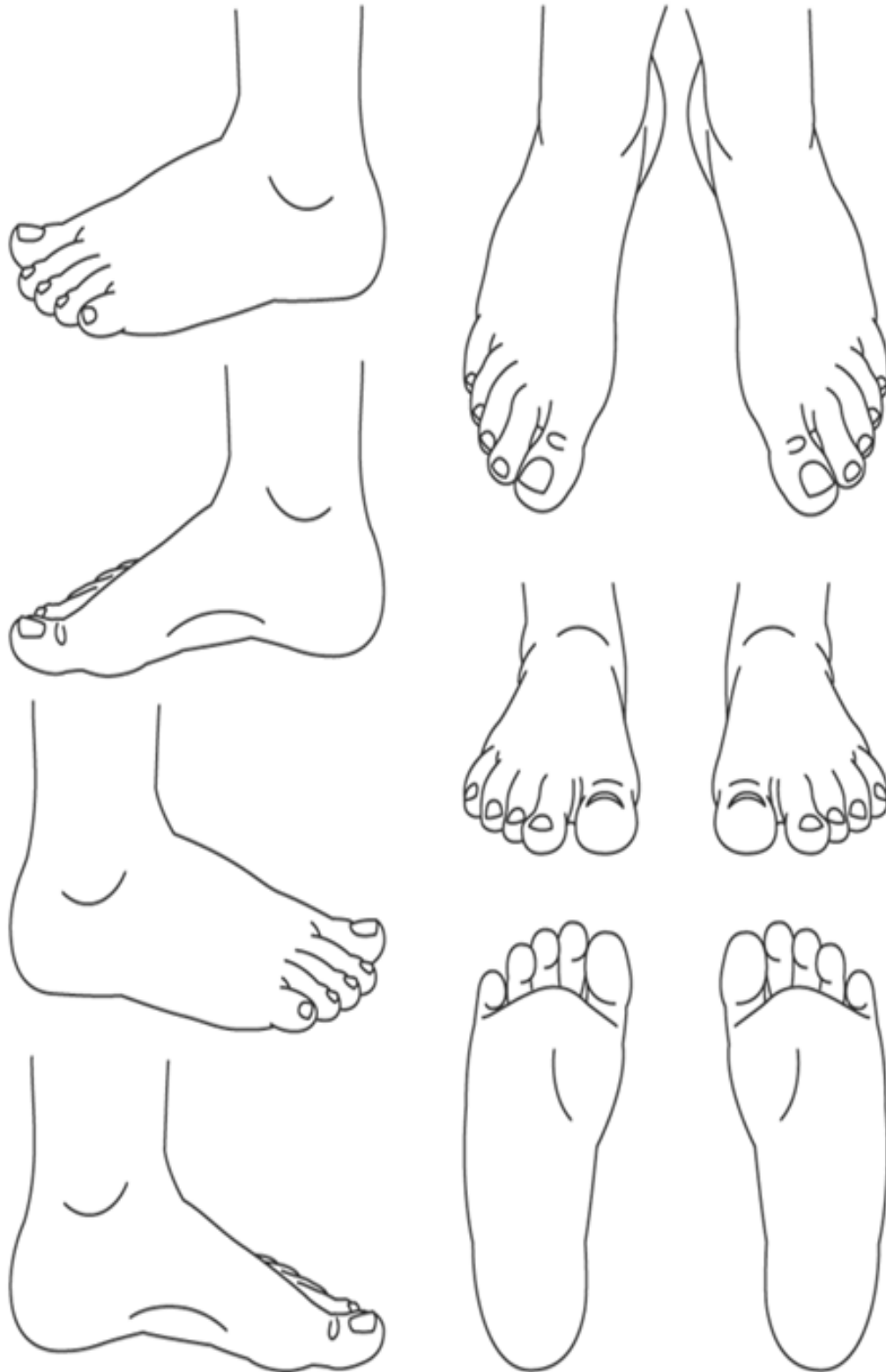
**Odour**

**Foot Position**

**Nail condition**

**Skeletal structure/Arches of feet**

# Reflexology Diploma Course – Case Study Consultation Form (ITEC Unit 381)



### Key to shading:

- =
- =
- =

- =
- =
- =

**Treatment record**

**Date**

<b>Treatment Plan</b>
<b>Findings</b>
<b>Client feedback</b> <b>Before:</b>  <b>During:</b>  <b>After:</b>
<b>After Care advice</b>
<b>Home Care Advice – (including recommendations for self-treatment)</b>
<b>Self-Reflection</b>



**Reflexology Diploma Course – Case Study Consultation Form (ITEC Unit 381)**

**Treatment 2**

**Date:**

**Client update** (include any changes to medical condition)

**Client Signature (Initials only):**

**Therapist Signature:**

---

**Reading the Feet**

**Local Contra-indications**

**Skin texture**

**Skin type**

**Colour**

**Flexibility**

**Temperature**

**Swelling/puffiness**

**Odour**

**Foot Position**

**Nail condition**

**Skeletal structure/Arches of feet**

Reflexology Diploma Course – Case Study Consultation Form (ITEC Unit 381)



**Key to shading:**

- =
- =
- =

- =
- =
- =

**Treatment record**

**Date**

<b>Treatment Plan</b>
<b>Findings</b>
<b>Client feed back</b> <b>Before:</b>  <b>During:</b>  <b>After:</b>
<b>After Care advice</b>
<b>Home Care Advice – (including recommendations for self-treatment)</b>
<b>Self-Reflection</b>

**Reflexology Diploma Course – Case Study Consultation Form (ITEC Unit 381)**

**Treatment 3**

**Date**

**Client update** (include any changes to medical condition)

**Client Signature (Initials only):**

**Therapist Signature:**

---

**Reading the Feet**

**Local Contra-indications**

**Skin texture**

**Skin type**

**Colour**

**Flexibility**

**Temperature**

**Swelling/puffiness**

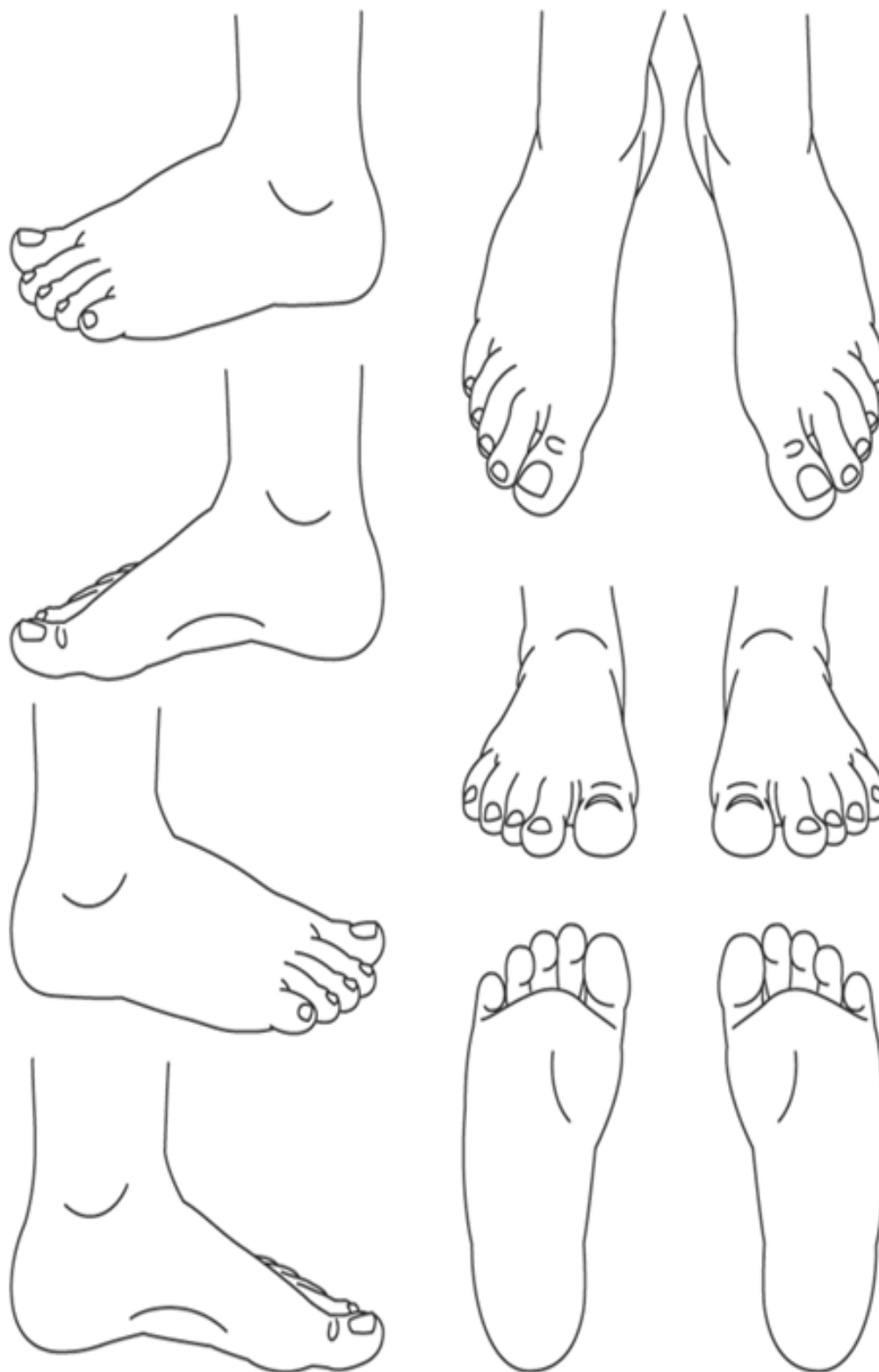
**Odour**

**Foot Position**

**Nail condition**

**Skeletal structure/Arches of feet**

# Reflexology Diploma Course – Case Study Consultation Form (ITEC Unit 381)



### Key to shading:

- =
- =
- =

- =
- =
- =

**Treatment record**

**Date:**

<b>Treatment Plan</b>
<b>Findings</b>
<b>Client feed back</b> <b>Before:</b>  <b>During:</b>  <b>After:</b>
<b>After Care advice</b>
<b>Home Care Advice – (including recommendations for self-treatment)</b>
<b>Self-Reflection</b>



**Reflexology Diploma Course – Case Study Consultation Form (ITEC Unit 381)**

**Treatment 4**

**Date:**

**Client update** (include any changes to medical condition)

**Client Signature (Initials only):**

**Therapist Signature:**

---

**Reading the Feet**

**Local Contra-indications**

**Skin texture**

**Skin type**

**Colour**

**Flexibility**

**Temperature**

**Swelling/puffiness**

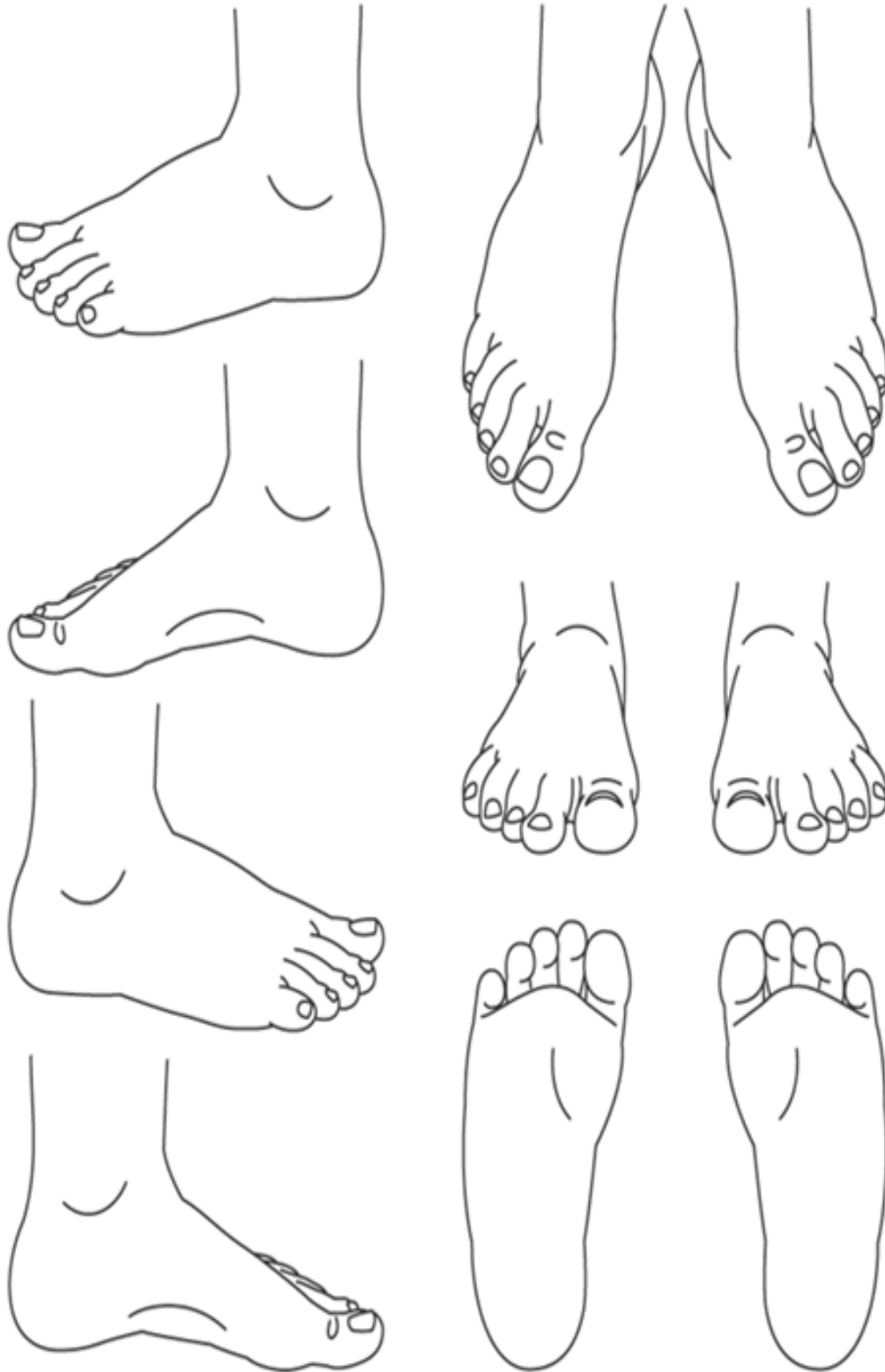
**Odour**

**Foot Position**

**Nail condition**

**Skeletal structure/Arches of feet**

# Reflexology Diploma Course – Case Study Consultation Form (ITEC Unit 381)



### Key to shading:

- =
- =
- =

- =
- =
- =

**Treatment record**

**Date:**

<b>Treatment Plan</b>
<b>Findings</b>
<b>Client feed back</b> <b>Before:</b>  <b>During:</b>  <b>After:</b>
<b>After care advice</b>
<b>Home Care Advice – (including recommendations for self-treatment)</b>
<b>Self-Reflection</b>

**Complete section overleaf**

## **Reflexology Diploma Course – Case Study Consultation Form (ITEC Unit 381)**

**On the completion of this case study please consider what further training you would undertake to help this client.**

**CPD Requirement (Continuing Professional Development)**

**Reflexology Diploma Course  
Evidenced Treatment Consultation Form (ITEC Unit 381)**



**Centre Name: MSCM** **Centre Number: 1160**

**Student Name:**

**Student ITEC Number:** **Client reference: ET/**

**Treatment Date:**

**Age Group:** under 20  20-30  30-40  40-50  50-60  60+  **M / F**

**Lifestyle:** Active  Sedentary  Combination  **Occupation:**

**Last visit to Doctor:**

**GP Name and Address:**

**Number of children:** **Stress Levels: Home 1 - 10**

**Work 1 - 10**

**Date of last monthly period:**

**MEDICAL HISTORY** Written permission GP/Specialist  **Informed Consent**

Have you had any:	NO	YES	If 'YES' please give dates and details
Major illnesses			
Major operations			
Accidents/injuries			
<b>Have you ever had:</b>			
Epilepsy			
Diabetes			
Digestive system problems			
Circulatory/heart problems			
Respiratory problems			
Gynaecological problems			
Back problems			
Any other medical conditions			
Any other contra-indications that restrict treatment			

**Reflexology Diploma Course  
Evidenced Treatment Consultation Form (ITEC Unit 381)**

<b>Have you had any:</b>	<b>NO</b>	<b>YES</b>	<b>If 'YES' please give dates and details</b>
Sleeping problems			
Skin complaints			
Allergies			
Other			
<b>Do you currently:</b>			
Take any medication			
Take vitamins/minerals			
Smoke			
Drink alcohol			
Drink tea and/or coffee			
Drink water			
Exercise			
Pursue any hobbies			
<b>Do you eat any of the following</b>			
Fresh fruit			
Fresh vegetables			
Protein Meat/Fish/Vegetable Protein			
Dairy			
Processed/convenience food			
Do you eat in a hurry			
Do you have regular meals			
<b>Are you currently:</b>			
Receiving any other treatment			
Pregnant or planning a family			

**Lifestyle**

Sleep patterns: **Good**  **Average**  **Poor**  **Number of hours per night**

What is your ability to relax? **Good/Average/Poor**

Do you see daylight in the workplace? **Yes/No**

Do you work at a computer? **Yes/No How many hours**

**Reflexology Diploma Course  
Evidenced Treatment Consultation Form (ITEC Unit 381)**

**Consent**

I confirm that all the information on this form is correct to the best of my knowledge and that I am not aware of any reason why I may not have a Reflexology treatment. I understand that Reflexology is not a substitute for conventional medical treatment and that all details will be treated as confidential.

**Medical Contra-indications only**

I confirm that I have understood the treatment that I am to receive and confirm that I am willing to proceed without confirmation from my own GP or Consultant.

**Signature (Initials only)**

**Date:**

**Client Signature (Initials only):**

**Therapist Signature:**



**Reflexology Diploma Course  
Evidenced Treatment Consultation Form (ITEC Unit 381)**

**THERAPIST COPY: Privacy Notice and Consent**

Under GDPR Regulations I am obliged to inform you as to what personal details I will hold, why I need them and what your rights are. Please read the information given to you and sign the statement of consent at the bottom.

<b>Therapist name</b>	
<b>Telephone number</b>	
<b>Email address</b>	
<b>Data controller contact details</b>	As above

**The purpose of processing client data**

Thank you for volunteering to be a case study/evidenced treatment client. To enable me to provide a treatment I will need to obtain potentially sensitive information regarding your health. This information is required for the successful completion of my course and will be submitted to my tutor, internal MSCM verifier and the external ITEC examiner. I will also record your basic contact details, (these will not be submitted) so I can contact you regarding appointments.

**Legal requirements for holding/ using client information**

The lawful basis under which I hold and use the information is my legitimate interests ie my requirement to retain information in order to provide you with the most appropriate treatment options and advice as part of my case studies as a student complementary medicine practitioner.

As I hold specialised category information (health related), the Additional Condition under which I hold and use this information is for me to fulfil my role as a health care practitioner bound un MSCM confidentiality as defined in the MSCM Code of Practice and Ethics. (see [www.mscm.co.uk](http://www.mscm.co.uk))

**What information will I hold?**

I will need to collect the following information

- Your contact details (name and telephone number)
- Medical history
- Treatment details and related notes (recorded after every treatment)

*As previously stated this information, excluding your contact details, will be shared with my course tutor, the MSCM internal verifier and the external ITEC examiner.*

Your information will be held for a **seven year period** following the last treatment in line with insurance requirements. (Records for a child to be held until the child is 25 or if 17 when treated, then 26)

**Reflexology Diploma Course  
Evidenced Treatment Consultation Form (ITEC Unit 381)**

**Protecting your personal data**

I am committed to ensuring that your personal data is secure. In order to prevent unauthorised access or disclosure, I have put in place appropriate technical, physical and managerial procedures to safeguard and secure the information we collect from you.

**Your rights**

The GDPR provides the following rights for individuals:

- The right to be informed
- The right of access
- The right to rectification
- The right to erasure
- The right to restrict processing
- The right to data portability
- The right to object
- Rights in relation to automated decision making and profiling.

If you wish to any of these rights, please use the contact details given above.

**Declaration**

I have seen this document and understand that you will hold and use my personal information, using it in order to provide me with the best possible treatment options and advice in line with the statements above.

I have received a copy of this document

<b>Name (Initials only)</b>	
<b>Date</b>	
<b>Signature (Initials only)</b>	

***Therapist Copy***

**Reflexology Diploma Course  
Evidenced Treatment Consultation Form (ITEC Unit 381)**

**CLIENT COPY: Privacy Notice and Consent**

Under GDPR Regulations I am obliged to inform you as to what personal details I will hold, why I need them and what your rights are. Please read the information given to you and sign the statement of consent at the bottom.

<b>Therapist name</b>	
<b>Telephone number</b>	
<b>Email address</b>	
<b>Data controller contact details</b>	As above

**The purpose of processing client data**

Thank you for volunteering to be a case study/evidenced treatment client. To enable me to provide a treatment I will need to obtain potentially sensitive information regarding your health. This information is required for the successful completion of my course and will be submitted to my tutor, internal MSCM verifier and the external ITEC examiner. I will also record your basic contact details, (these will not be submitted) so I can contact you regarding appointments.

**Legal requirements for holding/ using client information**

The lawful basis under which I hold and use the information is my legitimate interests ie my requirement to retain information in order to provide you with the most appropriate treatment options and advice as part of my case studies as a student complementary medicine practitioner.

As I hold specialised category information (health related), the Additional Condition under which I hold and use this information is for me to fulfil my role as a health care practitioner bound un MSCM confidentiality as defined in the MSCM Code of Practice and Ethics. (see [www.mscm.co.uk](http://www.mscm.co.uk))

**What information will I hold?**

I will need to collect the following information

- Your contact details (name and telephone number)
- Medical history
- Treatment details and related notes (recorded after every treatment)

*As previously stated this information, excluding your contact details, will be shared with my course tutor, the MSCM internal verifier and the external ITEC examiner.*

Your information will be held for a **seven year period** following the last treatment in line with insurance requirements. (Records for a child to be held until the child is 25 or if 17 when treated, then 26)

**Protecting your personal data**

I am committed to ensuring that your personal data is secure. In order to prevent unauthorised access or disclosure, I have put in place appropriate technical, physical and managerial procedures to safeguard and secure the information we collect from you.

**Reflexology Diploma Course  
Evidenced Treatment Consultation Form (ITEC Unit 381)**

**Your rights**

The GDPR provides the following rights for individuals:

- The right to be informed
- The right of access
- The right to rectification
- The right to erasure
- The right to restrict processing
- The right to data portability
- The right to object
- Rights in relation to automated decision making and profiling.

If you wish to any of these rights, please use the contact details given above.

**Declaration**

I have seen this document and understand that you will hold and use my personal information, using it in order to provide me with the best possible treatment options and advice in line with the statements above.

I have received a copy of this document

<b>Name</b>	
<b>Date</b>	
<b>Signature (Initials only)</b>	

***Client Copy***

**Reflexology Diploma Course  
Evidenced Treatment Consultation Form (ITEC Unit 381)**

**Client Profile** (introduce your client including lifestyle)

**Reading the Feet**

**Local Contra-indications**

**Skin texture**

**Skin type**

**Colour**

**Flexibility**

**Temperature**

**Swelling/puffiness**

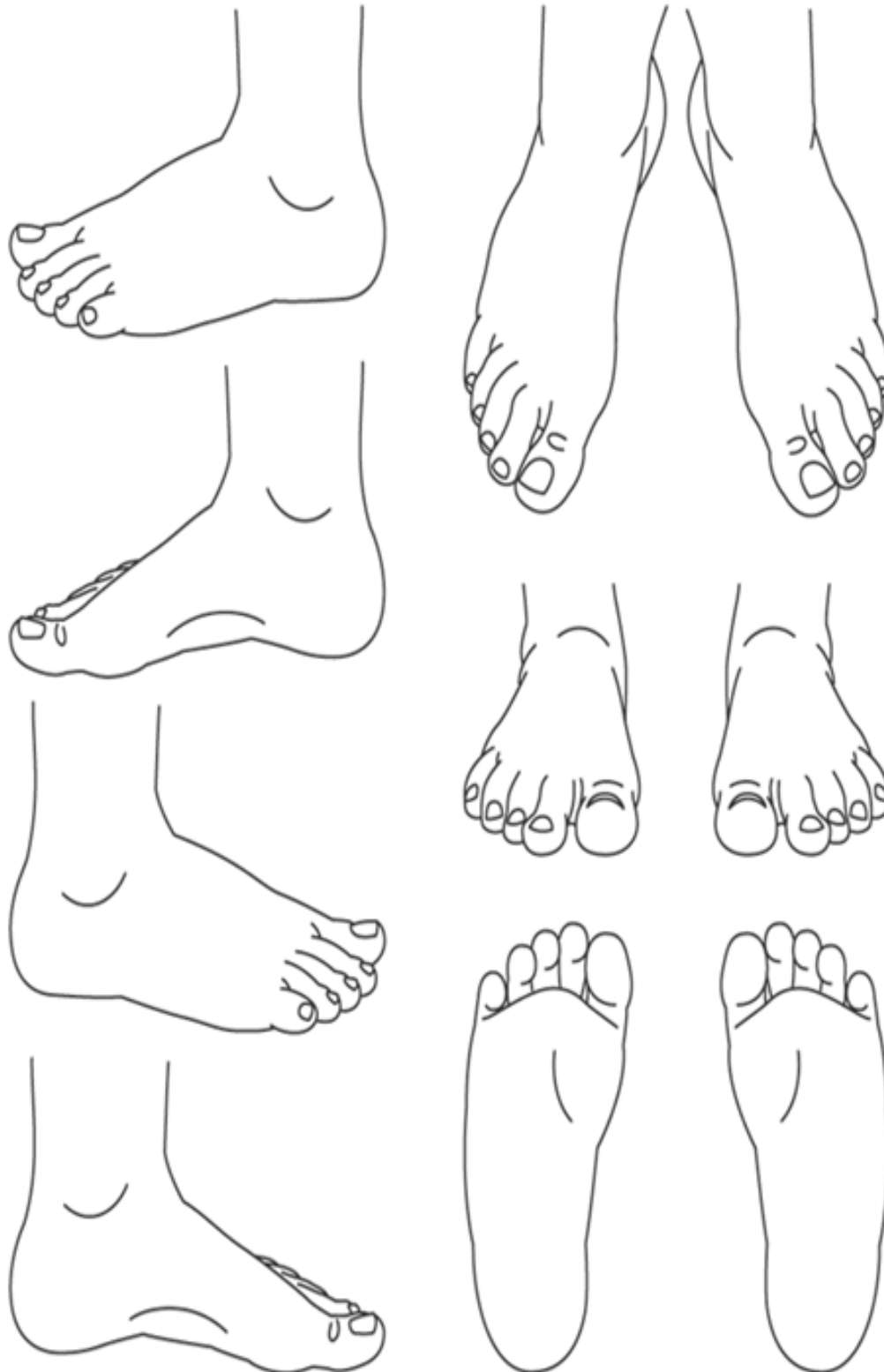
**Odour**

**Foot Position**

**Nail condition**

**Skeletal structure/Arches of feet**

**Reflexology Diploma Course  
Evidenced Treatment Consultation Form (ITEC Unit 381)**



**Key to shading:**

- =
- =
- =

- =
- =
- =

**Reflexology Diploma Course  
Evidenced Treatment Consultation Form (ITEC Unit 381)**

**Treatment record**

**Date**

<b>Treatment Plan</b>
<b>Findings</b>
<b>Client feedback</b>  <b>Before:</b>  <b>During:</b>  <b>After:</b>
<b>After Care advice</b>
<b>Home Care Advice – (including recommendations for self-treatment)</b>
<b>Self-Reflection</b>