PROVIDE INDIAN HEAD MASSAGE

Therapist:	Client code	
Date:	New Client ☐ Regular Client ☐	Male ☐ Female ☐

Assessment plan: what treatment are you planning to carry out – Student signature: Assessor Signature:

TIME STARTED:	**TIME FINISHED:**	

CONTRA-INDICATIONS: (referral/restrict/modify)

Epilepsy		Swelling/Bruising		Hypersensitive skin	
Diabetes		Cancer treatments		Conjunctivitis/Styes	
Abnormal Blood Pressure		Cut/abrasions		Varicose veins	
Asthma		Sun burns		Broken capillaries	
Recent operations		Skin disease/disorder		Vitiligo	
Allergies		Severe acne vulgaris		Muscle atrophy	

Add more information if any are answered Yes above:

What are the necessary actions if contra-indicated:

1) Encouraging the client to seek medical advice:
2) Explaining why treatment cannot be carried out:
3) Modification of treatment:

Client Agreement: The treatment has been fully explained to me. I DO NOT knowingly suffer from any medical conditions to prevent me from having the treatment.

Clients Signature:

Consultation Techniques:

Questioning ☐ **Visual** ☐ **Manual** ☐ **Reference to client records** ☐	
Tactile test area: ☐	**Thermal test area:** ☐

Client Physical Characteristics:

Posture ☐	Muscle Tone ☐	Age ☐
Health ☐	Skin condition ☐	Hair condition ☐
Scalp Condition		

Massage Mediums:

Oil ☐	Powder ☐	Cream ☐

Skin Conditions:

Sensitive ☐	Mature ☐	Dehydrated ☐	Congested ☐

Treatment objective:

Relaxation ☐	Sense of wellbeing ☐	Uplifting ☐
Improvement of hair and scalp conditions ☐		

Massage Techniques:

Effleurage ☐	Petrissage ☐	Tapotement ☐

Friction ☐	Marma (pressure) points ☐	

Treatment Areas:

Face ☐	Head ☐	Chest and Shoulders ☐
Arms and hands ☐	Chakras ☐	Back ☐

Previous treatments:

Equipment:	Frequency of treatments:
Last treatment date:	Reactions:
CONTRA-ACTIONS	

AFTER CARE/HOME CARE ADVICE GIVEN:

a) Avoidance of activities which may cause contra-actions:

b) Future treatment needs:

c) Modifications to lifestyle patterns:

d) Suitable homecare products and their use:

RECOMMENDED PRODUCTS AND FUTURE TREATMENT:

Products sold:	Treatment booked:

CLIENTS COMMENTS:

Were you satisfied with your treatment?
Did the Therapist consult you on your requirements?
Are you pleased with the finished result?
Will you book a course of treatments?

Clients signature:

STUDENT COMMENTS

(comment on your learning experience during this treatment and what you need to do for your next assessment)

Students signature:

ASSESSORS COMMENTS (completed by assessor)

Therapist & Area prep		Client Preparation	
Client consultation prep		Hygiene	
Commercial timing		Area cleaned	

TREATMENT TECHNIQUE

Washed hand prior to treatment:	
Full consultation provided:	
Protected client modesty:	
Thermal/tactile tests carried out:	
Correct selection of equipment:	
Equipment checked prior to use:	
Correct intensity for area:	

Equipment stored correctly after use:	
Client care throughout treatment:	

RESULT: Competent: ☐ Not Yet Competent: ☐ Insufficient evidence: ☐

Action Plan:	
Assessor Signature:	Student Signature: