

PROVIDE BODY MASSAGE TREATMENTS

Therapist:	Client code		
Date:	New Client <input type="checkbox"/>	Regular Client <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>

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 <input type="checkbox"/>	Visual <input type="checkbox"/>	Manual <input type="checkbox"/>	Reference to client records <input type="checkbox"/>
Tactile test area: <input type="checkbox"/>		Thermal test area: <input type="checkbox"/>	

Tools and equipment:

Gyratory massager	<input type="checkbox"/>
Audio Sonic	<input type="checkbox"/>
Infrared	<input type="checkbox"/>

Massage Mediums:

Oil <input type="checkbox"/>	Powder <input type="checkbox"/>	Cream <input type="checkbox"/>
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Skin Conditions:

Sensitive <input type="checkbox"/>	Mature <input type="checkbox"/>	Dehydrated <input type="checkbox"/>	Congested <input type="checkbox"/>
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Treatment objective:

Relaxation <input type="checkbox"/>	Sense of wellbeing <input type="checkbox"/>	Uplifting <input type="checkbox"/>
Anti-Cellulite <input type="checkbox"/>	Stimulating <input type="checkbox"/>	

Client Physical Characteristics:

Weight <input type="checkbox"/>	Height <input type="checkbox"/>	Posture <input type="checkbox"/>
Muscle Tone <input type="checkbox"/>	Age <input type="checkbox"/>	Health <input type="checkbox"/>
Skin Condition <input type="checkbox"/>		

Massage Techniques:

Effleurage <input type="checkbox"/>	Petrissage <input type="checkbox"/>	Tapotement <input type="checkbox"/>
Vibration <input type="checkbox"/>	Frication <input type="checkbox"/>	

Treatment Areas:

Face <input type="checkbox"/>	Head <input type="checkbox"/>	Chest and Shoulders <input type="checkbox"/>
Arms and hands <input type="checkbox"/>	Abdomen <input type="checkbox"/>	Back <input type="checkbox"/>
Gluteals <input type="checkbox"/>	Legs and Feet <input type="checkbox"/>	

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:
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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	
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Client consultation prep		Hygiene	
Commercial timing		Area cleaned	

TREATMENT TECHNIQUE

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

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

Action Plan:	
Assessor Signature:	Student Signature:

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