

Name:

Date:

Date of the last treatment

Reactions:

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Treatments in this session:

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Reactions:

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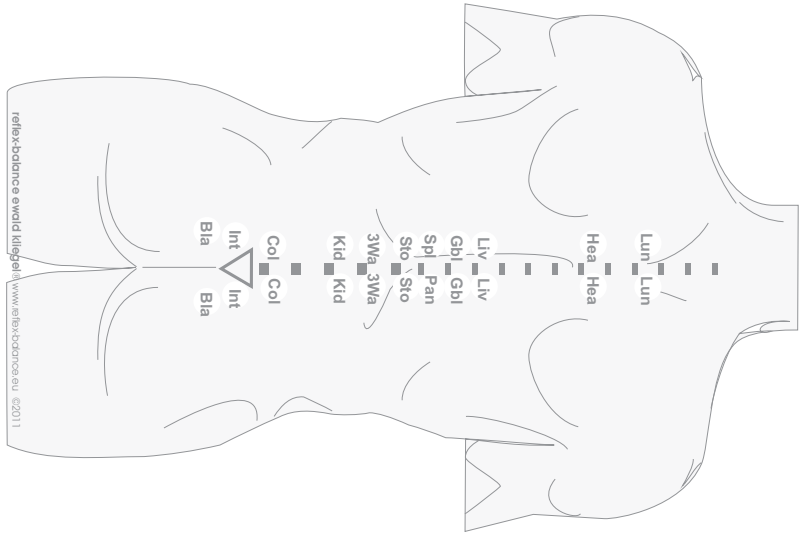
Reflexology Signs:

- PMR (Point of Maximum Reference) *
- Red zones Irritations: ⊙
- Inflammations: ⊗
- Pale zones: ∅
- Pimple: △
- Swellings □
- Compactions: ⊠
- Scars: ⚡
- Painful spots: ⚡
- other observations: (record colour and texture) ○

Remarks:

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**Result-Sheet
Reflexology on the Back**
with the shu - points of the acupuncture system



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Date:

Date of the last treatment

Reactions:

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Treatments in this session:

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Reactions:

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**Result-Sheet
Reflexology on the Back**
with the shu - points of the acupuncture system

