

Name:

Date:

Date of the last treatment

Reactions:

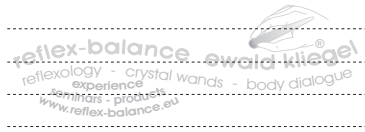
.....
.....
.....

Treatments in this session:

.....
.....
.....

Reactions:

.....
.....



Result-Sheet Reflexology on the Ear

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) ○



right Ear



left Ear

Remarks:

.....
.....
.....

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Name:

Date:

Date of the last treatment

Reactions:

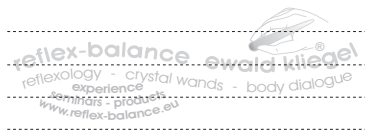
.....
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.....

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Result-Sheet Reflexology on the Ear

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right Ear



left Ear

Remarks:

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