

Name:

Date:

Date of the last treatment

Reactions:

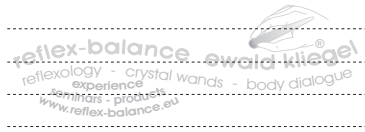
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Treatments in this session:

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Reactions:

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Reflexology Signs:

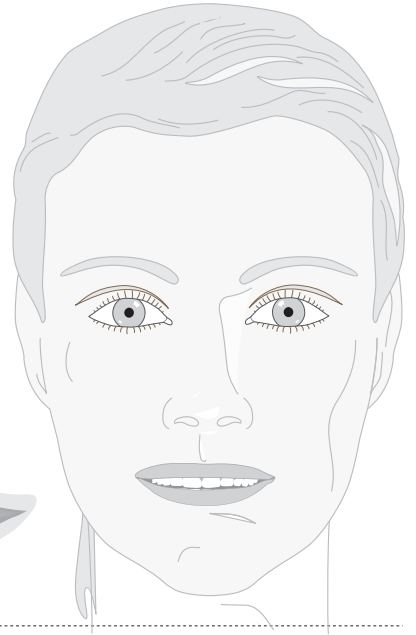
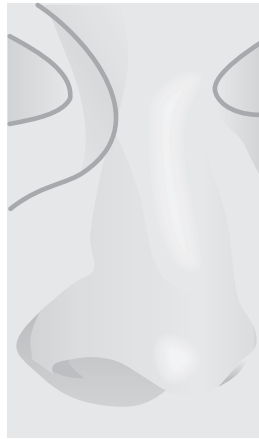
- PMR (Point of Maximum Reference) *
- Red zones Irritations: ○
- Inflammations: ⊙
- Pale zones: ∅
- Pimple: △
- Swellings □
- Compactions: ⊠
- Scars: ⚡
- Painful spots: ⚡○

other observations:
(record colour and texture) ○

Remarks:

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.....

**Result-Sheet
Reflexology on the Face, the Lips and the bridge of the Nose**



Name:

Date:

Date of the last treatment

Reactions:

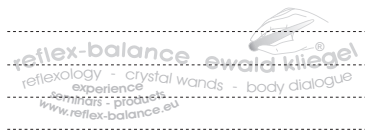
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Treatments in this session:

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Reactions:

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other observations:
(record colour and texture) ○

Remarks:

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**Result-Sheet
Reflexology on the Face, the Lips and the bridge of the Nose**

