

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:**

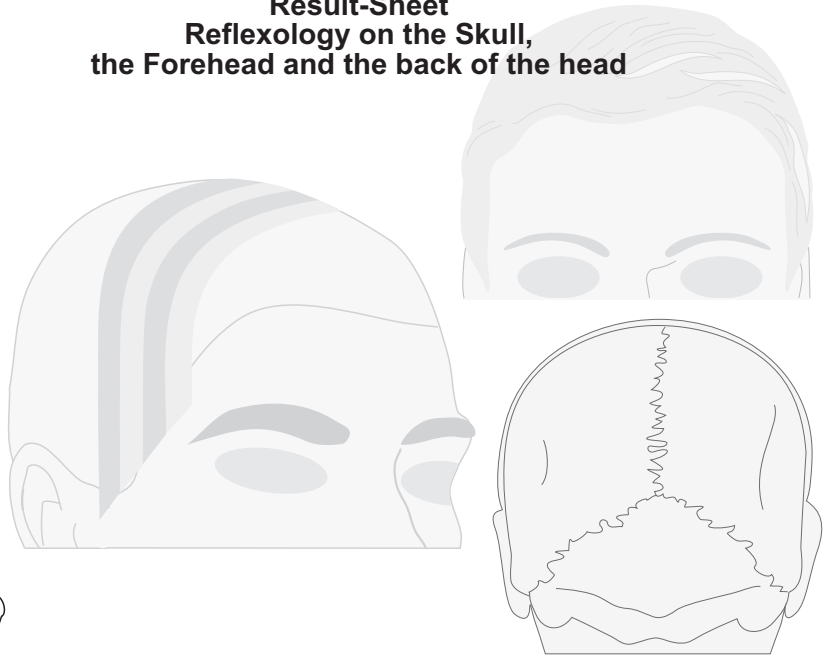
- PMR (Point of Maximum Reference) \*
- Red zones Irritations: ○
- Inflammations: ⊙
- Pale zones: ∅
- Pimple: △
- Swellings □
- Compactions: ⊠
- Scars: ㄨ
- Painful spots: ⚡○

other observations:  
(record colour and texture) ○

**Remarks:**

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**Result-Sheet  
Reflexology on the Skull,  
the Forehead and the back of the head**



Name:

Date:

Date of the last treatment .....

Reactions:

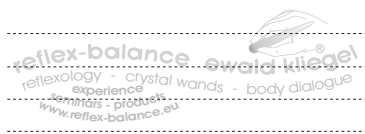
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Treatments in this session:

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Reactions:

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**Result-Sheet  
Reflexology on the Skull,  
the Forehead and the back of the head**

