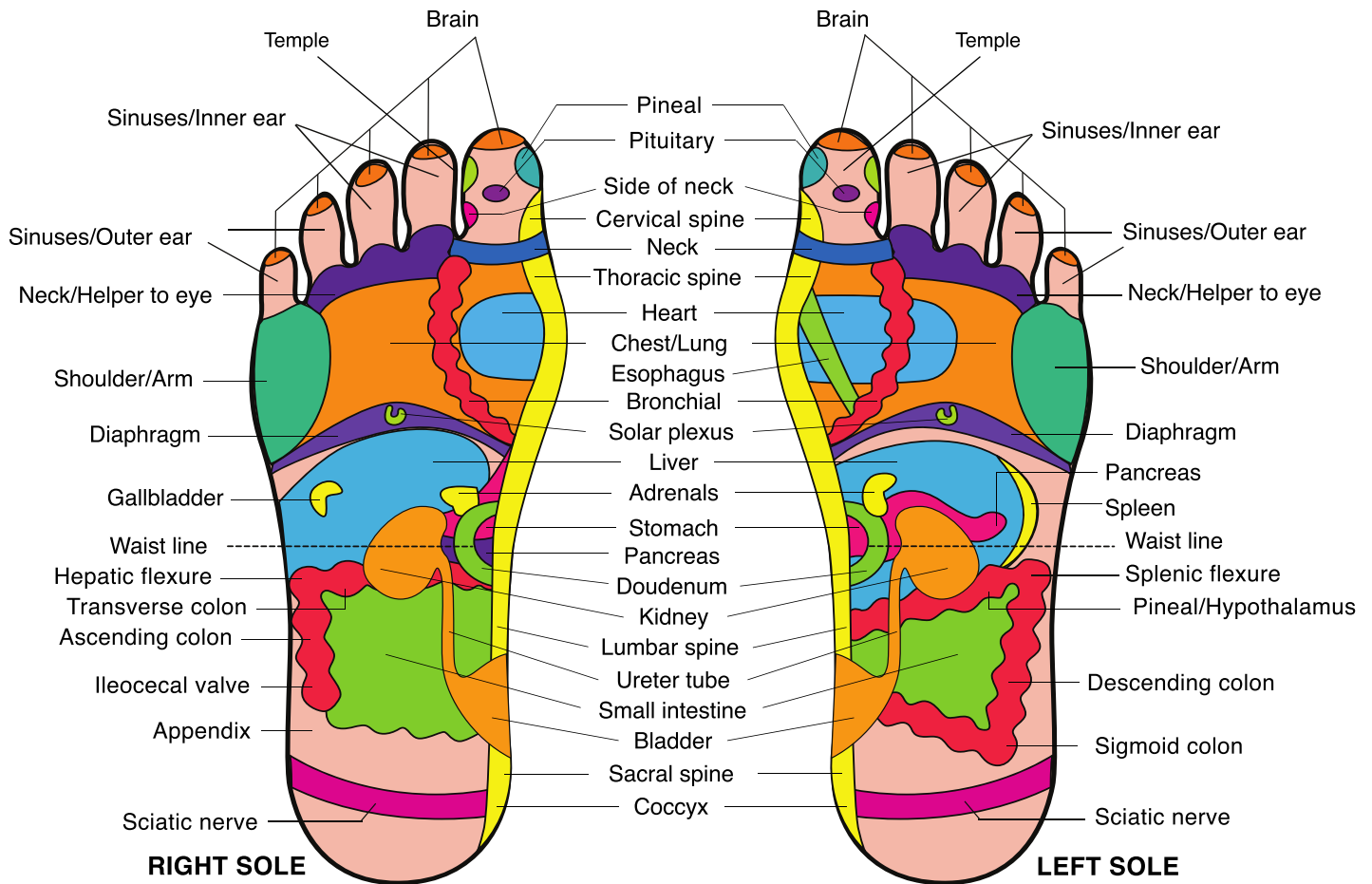


Foot Reflexology Chart

Patient name:

Date:

Goal/s or concern/s:



Notes: