

Reflexology Session: Progress Notes

Client Name _____ Date _____
 Session Number _____ Length of Session _____

Pressure used: _____ Did you modify pressure for any reason? _____
 (light, moderate, heavy)

1. Specific goals or complaints from the client at or during this session. (*If none, ask "Where do you carry your stress?"*)
2. Client's response to, or comments about, the session or previous session(s). (*Did complaint decrease at the end of the session or afterward? If so by what percentage? How long did the change last? Did you get new shoes? Do the stretches?*)
3. Areas of tenderness/congestion described in anatomical terms. (*Do areas of tenderness correlate with symptoms or complaints expressed by client?*)
4. Any change in sensitivity from the previous session.
5. Reflex areas emphasized, what you found, pressure modifications you made (*taking into account initial complaints and observations, and writing findings in reflexive and anatomical terms*).
6. Client homework and if further sessions are indicated.
7. List any referral you made to another health care professional or discipline.
8. Other comments.
9. Client comments after the session, client appearance after the session.
10. Your complete signature and the date of the session at the end of your notes.

Practitioner's name—please print