

Client First Name \_\_\_\_\_

Date \_\_\_\_\_

## **TOE ASSESSMENT and DOCUMENTATION**

Mark Sensitive toes



If taking medications what are they for:

Check emotional connection and the reflexes to the organs. Make Notes

Great Toe  
2nd  
3rd  
4th  
5th

Worry  
Fear  
Anger  
Grief  
Pretense/  
Trying to

Stomach/Spleen  
Kidney/Bladder  
Gallbladder/Liver  
Lung/Large Intestine  
Heart/Small Intestine

Essential Oils that released.

Email to: [contact@reflex-oil-ogy.com](mailto:contact@reflex-oil-ogy.com)

Your Name \_\_\_\_\_