



Universal Healing Tao Center

Cosmic Healing I Case Study Form for becoming a Practitioner

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**For Publishing your below data in the official website UHT Cosmic Healing Practitioner.
If you change your address please let us know:**

Name _____ Age _____ Marital Status _____

Street _____

City _____ State _____ Country _____ Zip _____

Home Phone _____ Office Phone _____

Occupation _____ Date of Birth _____

Permanent Address (if different from above):

Street _____

City _____ State _____ Country _____ Zip _____

How were you referred to this Healing Tao class? Ad Flyer Friend

Other(specify)

Previous classes attended:

Biography & schooling:

Cosmic Healing I is an element of the Healing Tao System. I agree that I will not publish, teach, or in any form or way attempt to impart the principles of the Healing Tao to the public, until such time as I have received personally from Master Mantak Chia, or his representative, the training necessary to become a qualified practitioner of the International Healing Tao Cosmic Healing I practices.

Date _____ Signature _____

DESCRIPTION & PROFILE OF THE STUDENT

Name: _____ Email: _____ Tel: _____

Gender: _____ Age _____ Posture: _____ Children _____

Personal Characteristics: _____

Body Constitution: _____ Body Type: _____ Balance Needed _____

Patterns: (Coffee), (Cigarettes), (Alcohol), (Prescription Drugs), (Recreational Drugs), (Sexual Active) _____

Sleeping Trends: _____ Emotional Level _____

Environment: _____

Occupation: _____ Amount of days off: _____ Vacations: _____

Job Conditions: _____

Stress Conditions: _____

Hobbies : _____

General Attitude: _____

Physical Problems: (Liver), (Heart), (Lungs), (Kidneys), (Spleen), (Pancreas), (Intestine), (Stomach), (Bladder), (Gall Bladder), (Urogenital), (Immune), (Diabetes), (Hernia), (Ulcers), (Lymph), (Teeth), (Other) _____

Women: check for IUD or everything else _____ Are you pregnant _____ ?

Surgeries & Hospitalization: _____

Accidents: _____

Cancers: _____

Strokes: _____

Under Psychiatric Care: _____

Main Complaints: _____

Western diagnosis: _____

Medications in use: _____

Holistic & Chinese Therapies used or being used: _____

Type of Daily Food Intake: _____

I am aware that Cosmic Healing I is primarily an educational process enabling me to care for myself in a more informed way. I know that I am responsible for my own physical, emotional, mental, and spiritual well-being. This training in Cosmic Healing I will enable me to better understand myself and become capable of functioning more fully as a complete being in harmony with myself. I am not here to be treated for any illness, disease, or deformity.

Date

Signature

SESSION EXPLANATION & PRACTICE

(Clean & Warm Hands for Cosmic Healing Trainee, Student detox intestine recommended.)

SESSION # 1 NAME. _____ DATE: _____

How did you prepare yourself? _____

How did you proceed in the _____

Cosmic Healing session? _____

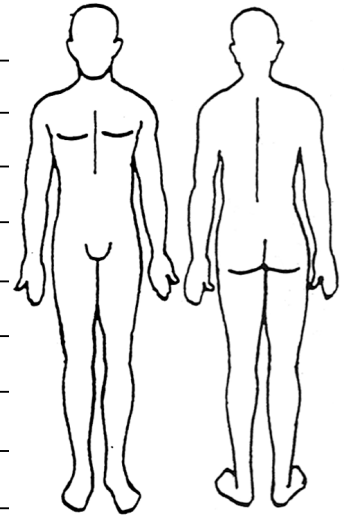
In which organs did you feel an imbalance? _____

What colors did you use? _____

Where did you use Chi Knife? _____

Recommendations: _____

Response from Student after the session: _____



SESSION # 2 _____ DATE: _____

How did you prepare yourself? _____

How did you proceed in the _____

Cosmic Healing session? _____

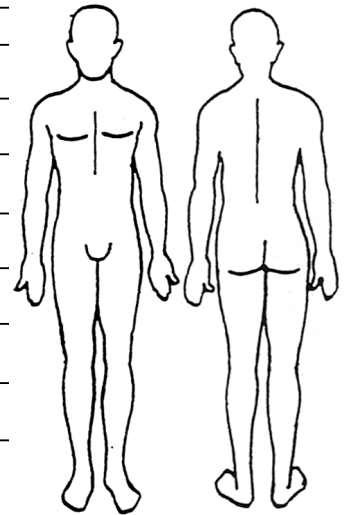
In which organs did you feel an imbalance? _____

What colors did you use? _____

Where did you use Chi Knife? _____

Recommendations: _____

Response from Student after the session: _____



SESSION # 3 _____ DATE: _____

How did you prepare yourself? _____

How did you proceed in the _____

Cosmic Healing session? _____

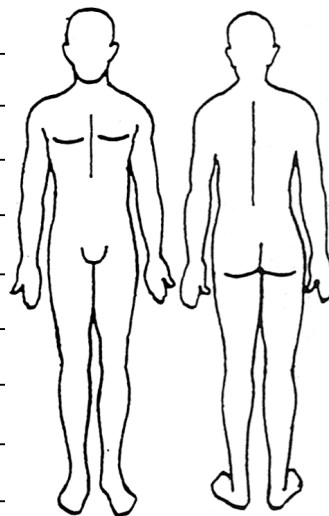
In which organs did you feel an imbalance? _____

What colors did you use? _____

Where did you use Chi Knife? _____

Recommendations: _____

Response from Student after the session: _____



SESSION # 4 _____ DATE: _____

How did you prepare yourself? _____

How did you proceed in the _____

Cosmic Healing session? _____

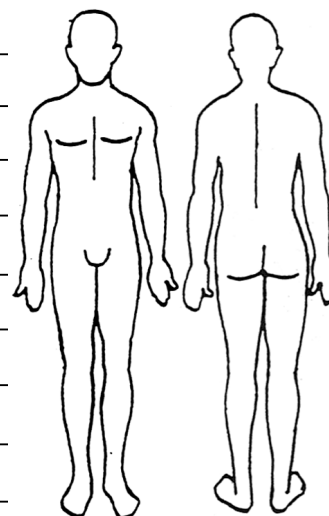
In which organs did you feel an imbalance? _____

What colors did you use? _____

Where did you use Chi Knife? _____

Recommendations: _____

Response from Student after the session: _____



SESSION # 5 _____ DATE: _____

How did you prepare yourself? _____

How did you proceed in the _____

Cosmic Healing session? _____

In which organs did you feel an imbalance? _____

What colors did you use? _____

Where did you use Chi Knife? _____

Recommendations: _____

Response from Student after the session: _____

