



Universal Healing Tao Center

Chi Nei Tsang I Case Study Form for becoming a CNT I Practitioner

274/1 Moo.7, Luang Nua, Doi Saket,
Chiang Mai 50220, Thailand

Tel: +6653 921 200 Fax: +6653 495 852

Email: universaltao@universal-tao.com Website: www.universal-tao.com



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

Name _____ Age _____ Marital Status _____

Street _____

City _____ State _____ Country _____ Zip _____

Home/Work Phone _____ Email _____

Occupation _____ Date of Birth _____

Permanent Address (if different from above):

Street _____

City _____ State _____ Country _____ Zip _____

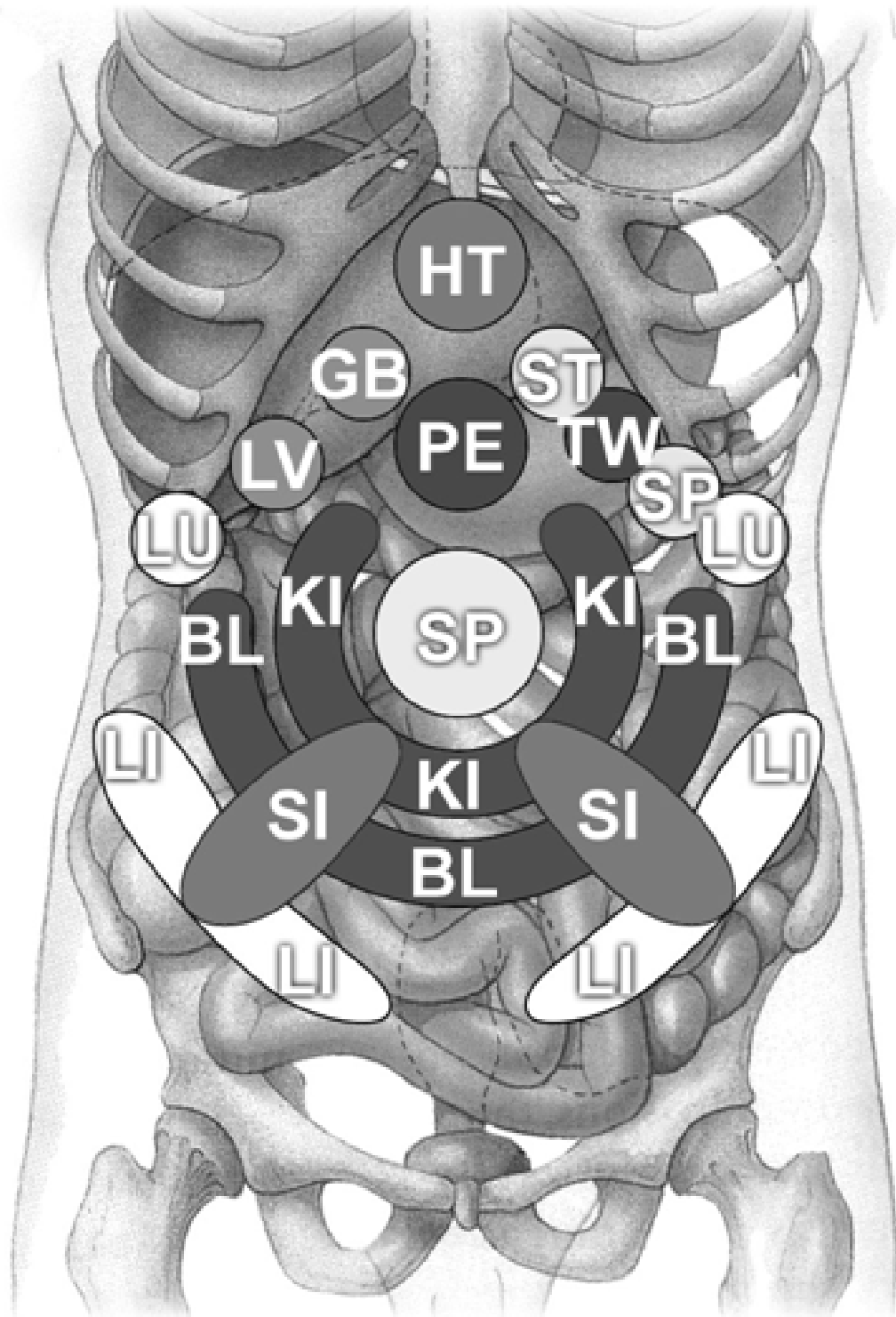
How were you referred to this Universal Tao class? Ad Flyer Friend Other (specify)

Previous classes attended:

Biography & schooling:

CNT I is an element of the Universal Tao System. I agree that I will not publish, teach, or in any form or way attempt to impart the principles of the Universal 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 Universal Tao Chi Nei Tsang I practices.

Date _____ Signature _____



LU – Lung

LV – Liver

GB – Gall Bladder

HT – Heart

ST – Stomach

TW – Triple Warmer

SP – Spleen

HC – Heart Constrictor (Pericardium)

KI – Kidneys

BL – Bladder

SI – Small Intestine

LI – Large Intestine

Session Explanation & Practice

Session # 1 Name: _____ **Date:** _____

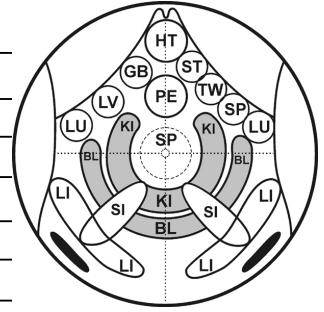
Techniques Applied: _____

Techniques Taught: _____

Exercises & Meditations Taught: _____

Recommendations: _____

Response from Student: _____



Session # 2: _____ **Date:** _____

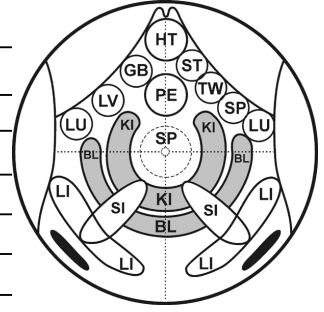
Techniques Applied: _____

Techniques Taught: _____

Exercises & Meditations Taught: _____

Recommendations: _____

Response from Student: _____



Session # 3: _____ **Date:** _____

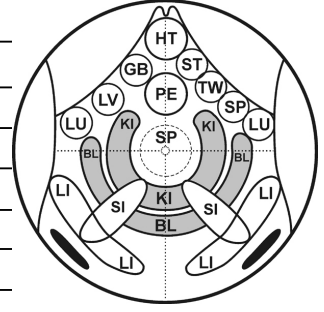
Techniques Applied: _____

Techniques Taught: _____

Exercises & Meditations Taught: _____

Recommendations: _____

Response from Student: _____



Session # 4: _____ **Date:** _____

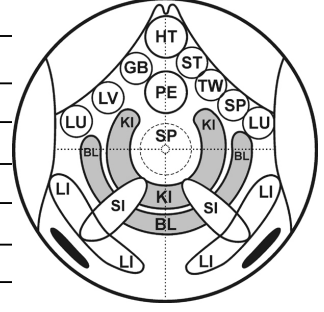
Techniques Applied: _____

Techniques Taught: _____

Exercises & Meditations Taught: _____

Recommendations: _____

Response from Student: _____



Session # 5: _____ **Date:** _____

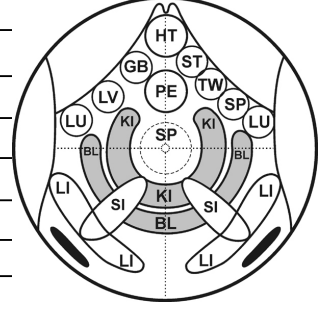
Techniques Applied: _____

Techniques Taught: _____

Exercises & Meditations Taught: _____

Recommendations: _____

Response from Student: _____



After Session

- 1) Drink warm clean water for lymph detoxification.
- 2) Eat & drink 30-60 minutes before & after.
- 3) Responses: Discomfort (6-8 days in abdominal area), Lighter feeling in head (heat), Sweating(7-20 days), Tiredness, Bowel Movement, Recovering feeling, Sleepiness.

Student Profile

Name: _____ 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 _____

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

Job Conditions: _____

Stress Conditions: _____ Hobbies: _____

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 _____ 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: _____

Eating Habits (Diet): _____

I am aware that Chi Nei Tsang 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 Chi Nei Tsang 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