



Universal Healing Tao System

Chi Nei Tsang I Case Study Form

Application for CNT I

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Email: universaltao@universal-tao.com

Website: www.universal-tao.com



Applicants profile for becoming CNT Practitioner CNT Teacher

Surname Trainee	Last Name
e-mail	skype
Zip	City
Street / No.	Date of birth
Phone	Mobil Phone
Country	State

Dear Chi Nei Tsang Trainee,

to reach the level of a '*UHT Chi Nei Tsang 1 Practitioner*', 100 completed Case Study Forms are needed. To train and develop your skills, Grand-Master Mantak Chia wants you to show your Chi Nei Tsang practice for this part of your Chi Nei Tsang 1 education. Within each of the 100 sessions with Students (partners, clients, friends or relatives), several actions are necessary. Please observe the legal regulations valid in your country.

Thank you very much !

UHT Chi Nei Tsang 1 is an element of the Universal HEALING TAO System. I confirm 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 and testing necessary to become a qualified practitioner of the Universal HEALING TAO Chi Nei Tsang I practices.

Letter of agreement

Hereby I confirm with my signature that I have been informed about the general conditions and principles of the treatment and agree with them. I have also been informed that all my data collection is voluntary. Furthermore, I agree that the treatment data, evaluations and documentation concerning me will be stored and stored for 10 years for the purpose of treatment by the above-mentioned institution. This also applies to any treatment data and findings from the treatment of external treatments that may have been transferred.

I am aware that I can revoke this consent in whole or in part at any time - for the future. This results in a cancellation of the treatment contract from the revocation date and a deletion of my documents after 10 years from revocation. My data is subject to confidentiality and will therefore be treated confidentially. The data will only be passed on to third parties with my consent, unless other regulations are prescribed by law.

Date _____ **Signature** _____

DESCRIPTION & PROFILE OF THE STUDENT

1. Name :	Surname :
2. Gender: <input type="checkbox"/> female <input type="checkbox"/> male	Age :
3. E-mail	
Line 1-3 is needed. All further details from here are personal data and can be blackened or completely cut off. Questions about Students self-assessment:	
Body Constitution : <input type="checkbox"/> underweight <input type="checkbox"/> slim <input type="checkbox"/> normal <input type="checkbox"/> muscular <input type="checkbox"/> corpulent <input type="checkbox"/> overweight	
5 Element Balance : <input type="checkbox"/> Water <input type="checkbox"/> ↓ <input type="checkbox"/> Wood <input type="checkbox"/> ↓ <input type="checkbox"/> Fire <input type="checkbox"/> ↓ <input type="checkbox"/> Earth <input type="checkbox"/> ↓ <input type="checkbox"/> Metal <input type="checkbox"/> ↓	
e.g. Chi Balance of the element : <input type="checkbox"/> = strong <u>water</u> = normal <input type="checkbox"/> = weak	
Find 5 Element balance through : www.universal-tao.com/InnerAlchemyAstrology	
Sleep : <input type="checkbox"/> regularly <input type="checkbox"/> irregularly <input type="checkbox"/> mostly quiet <input type="checkbox"/> restless <input type="checkbox"/> very restless	
Emotional Level : <input type="checkbox"/> very restrained <input type="checkbox"/> restrained <input type="checkbox"/> normal <input type="checkbox"/> temperamentally <input type="checkbox"/> irascible	
Stress Conditions : <input type="checkbox"/> never <input type="checkbox"/> occasionally <input type="checkbox"/> regularly <input type="checkbox"/> ongoing <input type="checkbox"/> too much	
Women : Are you pregnant? <input type="checkbox"/> no <input type="checkbox"/> yes Do you have an IUD? <input type="checkbox"/> no <input type="checkbox"/> yes	
Do you have a pacemaker? <input type="checkbox"/> no <input type="checkbox"/> yes Do you have thrombosis? <input type="checkbox"/> no <input type="checkbox"/> yes	
Are you taking antipsychotic drugs? <input type="checkbox"/> no <input type="checkbox"/> yes	
Main challenges :	

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 understand myself better 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 disability. With this Taoist meditation practice as taught by Master Mantak Chia no diagnoses are made, it can in no case replace the consultation with a medical doctor.

Date

Signature Student

CNT I: SESSION EXPLANATION & PRACTICE WITH STUDENT

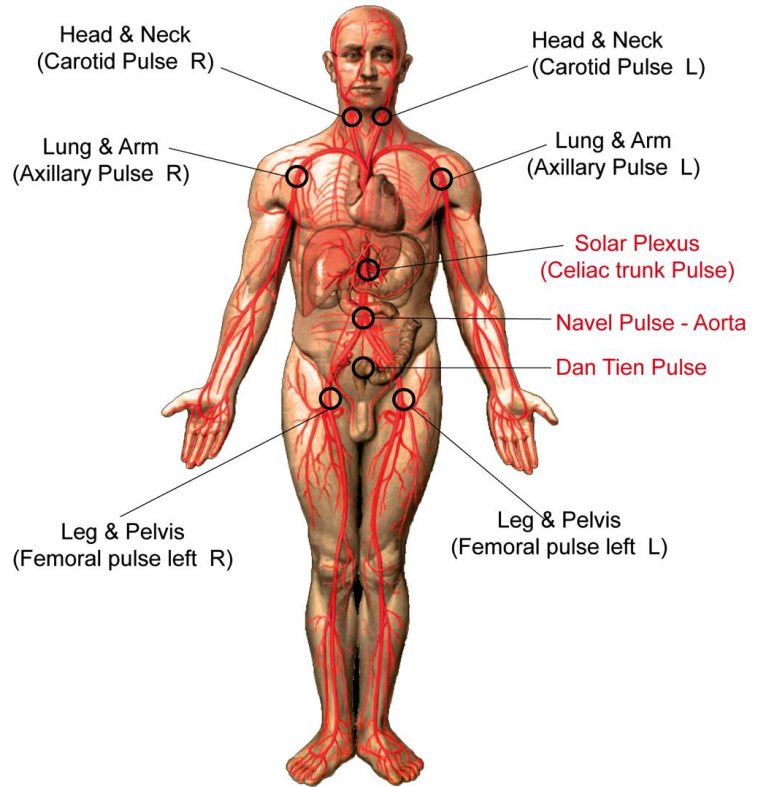
SESSION 1 **NAME Student:** _____

DATE: _____

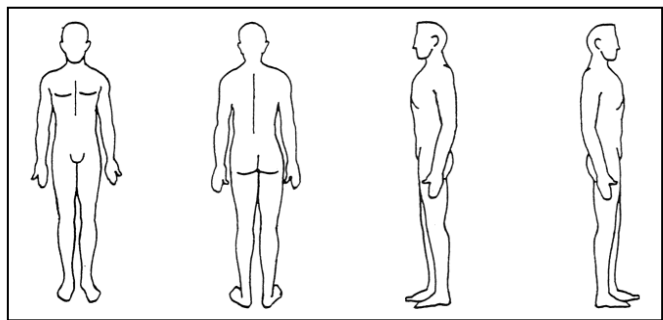
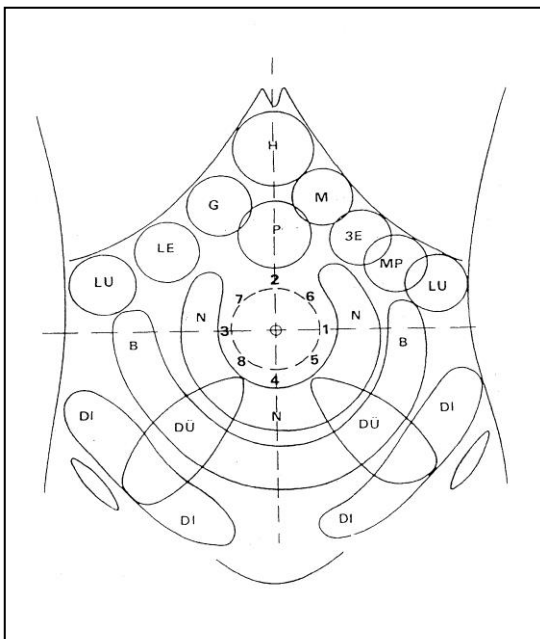
Recommendation: Clean hands for CNT Trainee, Student can stand, sit or lie down.

Feedback from Student: no change better good worse

- relaxing the body through leg movements
- activating groin pulse and soul gates
- opening the wind gates
- skin detox
- loosening the thoracic diaphragm
- activation of organ pulses start with lungs
- clearing large intestine
- clearing small intestine
- liver and gall bladder
- spleen, stomach pancreas
- heart and sternum
- intercostal muscles
- abdominal pelvic clearing
- psoas, sciatic nerve
- work on other parts of the body
- collect energy in the navel



- recommendation related to:
Chi Nei Tsang self-massage.....
- detox method:
- inner smile.....
- 5 element nutrition:
- iron shirt position:
- healing sounds:.....



Comments to session:

AFTER SESSION for Student (Client)

- 1) Drink warm clean water for lymph detoxification.
- 2) For better result don't 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.

CNT I: SESSION EXPLANATION & PRACTICE WITH STUDENT

SESSION 2

NAME Student: _____

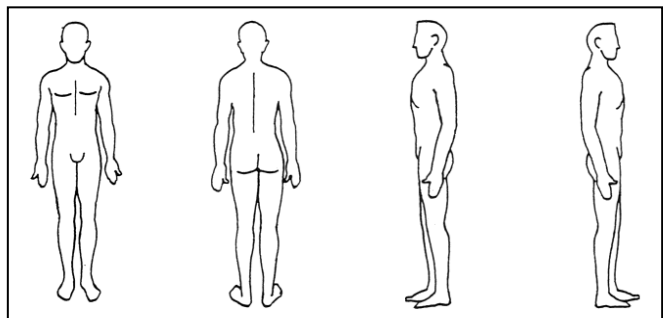
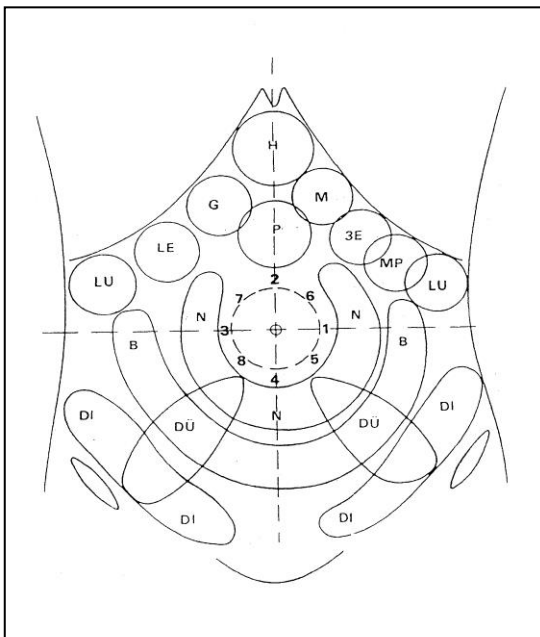
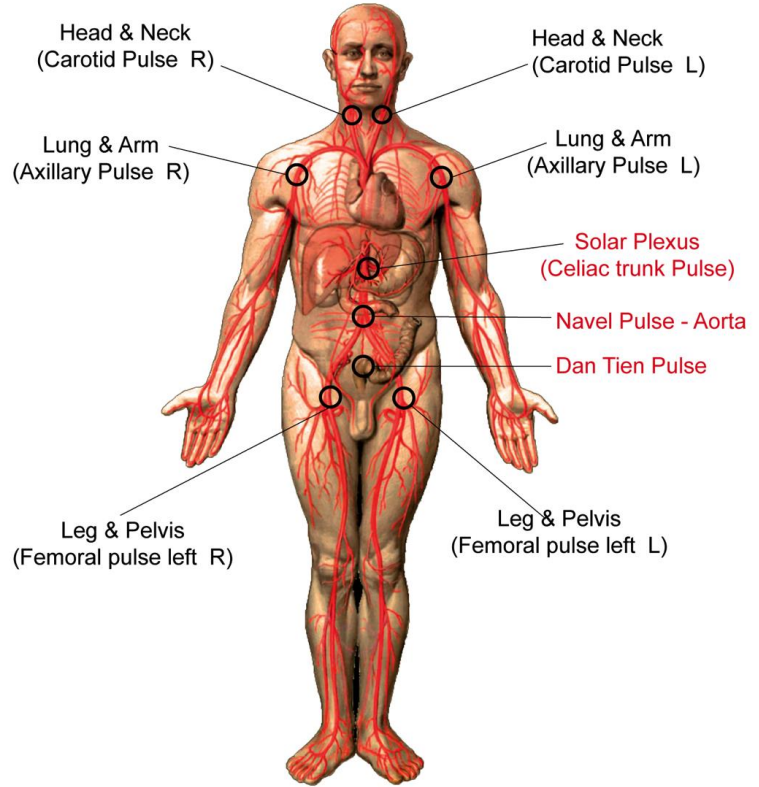
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Comments to session:

CNT I: SESSION EXPLANATION & PRACTICE WITH STUDENT

SESSION 3

NAME Student: _____

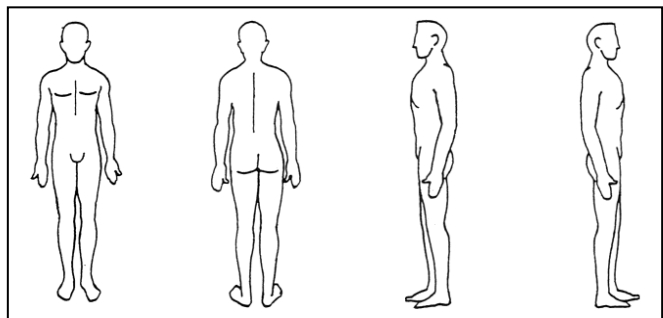
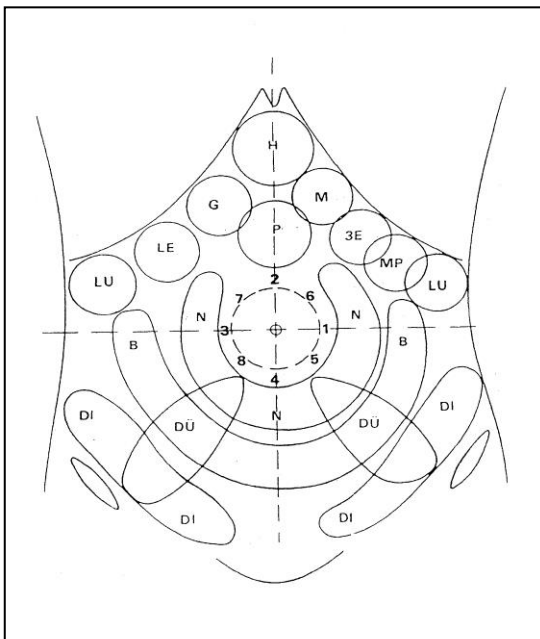
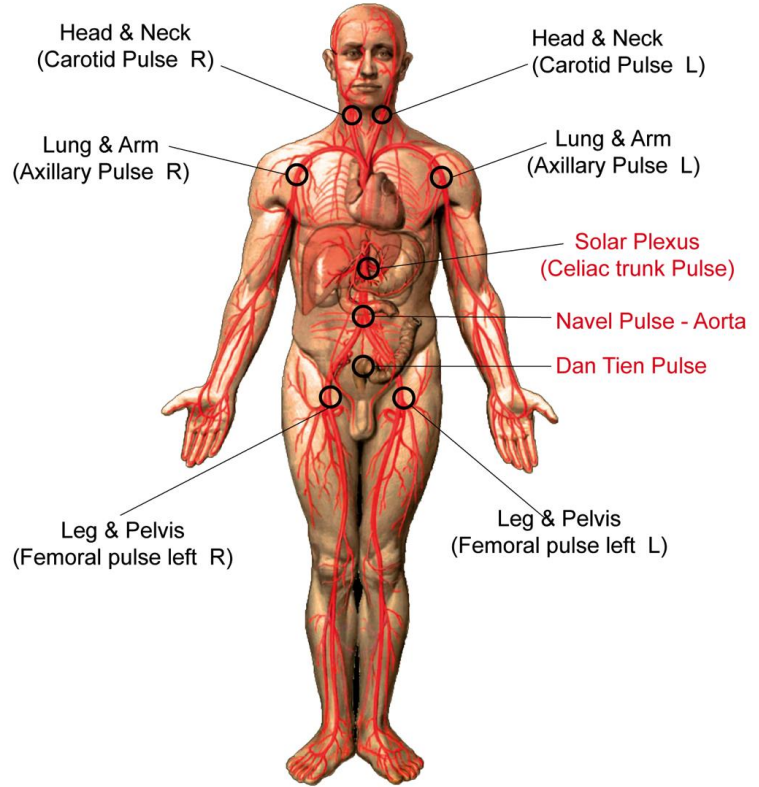
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CNT I: SESSION EXPLANATION & PRACTICE WITH STUDENT

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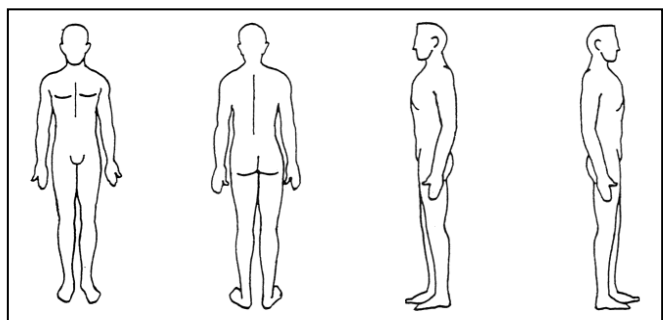
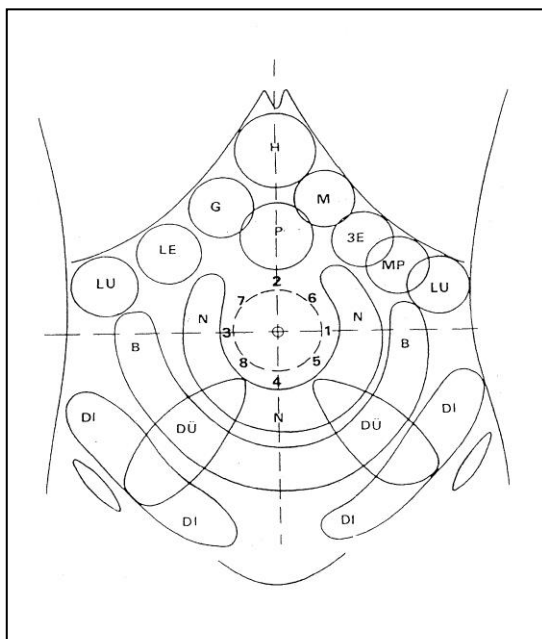
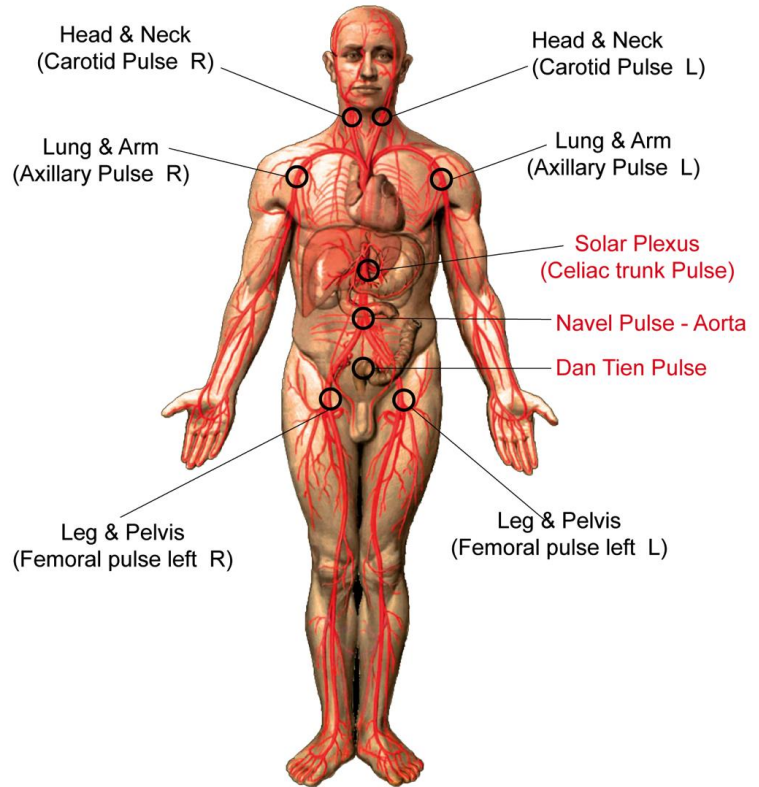
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Comments to session:

CNT I: SESSION EXPLANATION & PRACTICE WITH STUDENT

SESSION 5

NAME Student: _____

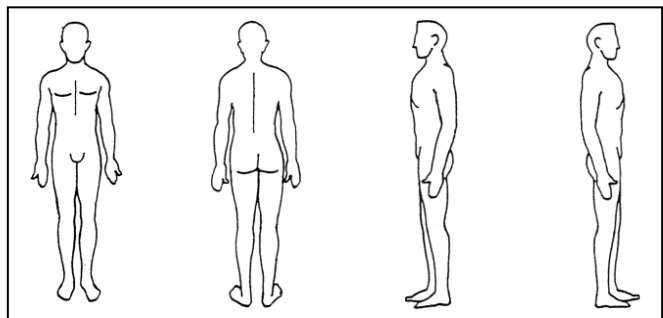
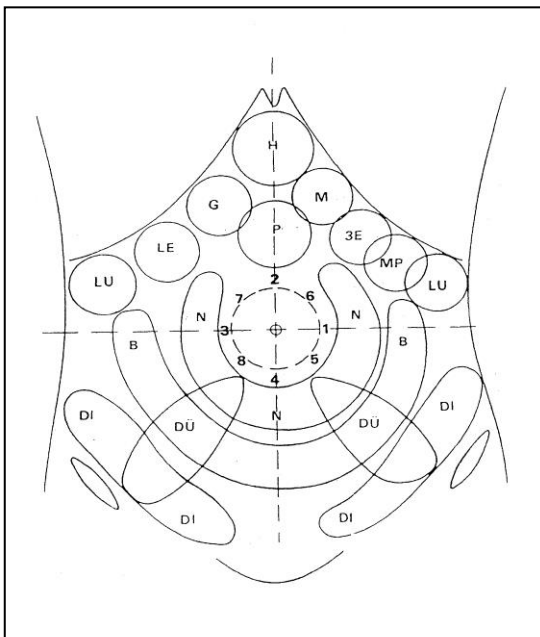
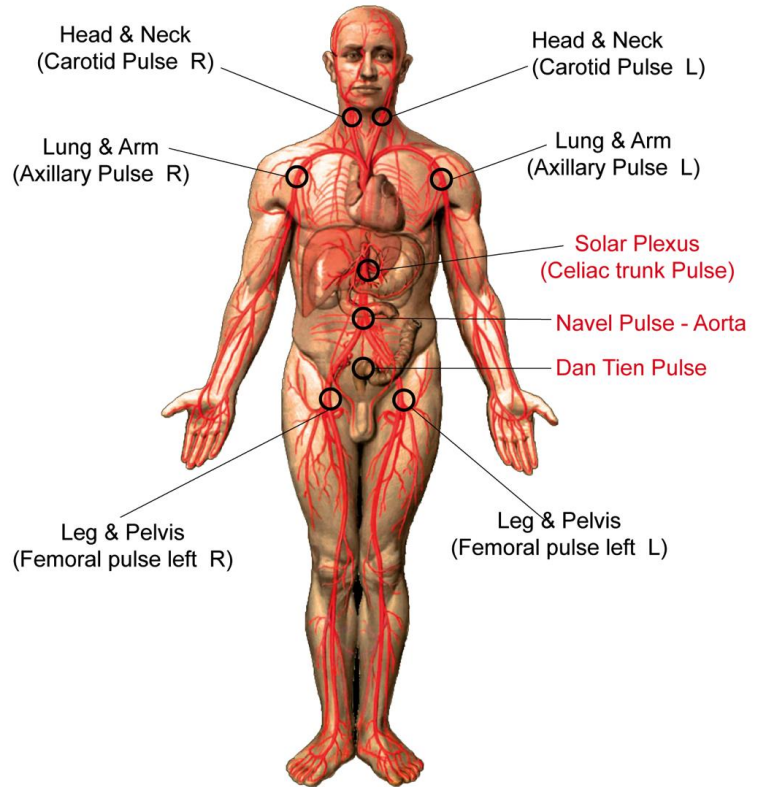
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