



Universal Healing Tao System

Chi Nei Tsang I Case Study Form

Application for CNT I

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

Email: universaltao@universal-tao.com

Website: www.mantak-chia-chi-nei-tsang.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 I Practitioner', 70 completed Case Study Forms are required. 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 I education. Within each of the documented 70 sessions with students (partners, clients, friends or relatives), several actions are necessary as outlined in the Case Study Forms. We strongly advise to always observe and comply with the legal regulations valid in your country in terms of privacy protection before submitting any completed Case Study Forms containing data and information concerning third parties (i.e. students) to be reviewed by your UHT CNT Senior Instructor.

UHT Chi Nei Tsang is an element of the Universal HEALING TAO System. As trainee of the Universal Healing Tao Chi Nei Tsang you agree to always follow and respect the rules and ethics you have received in the educational training, in particular 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 you have become a qualified and certified 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/or training and agree with them. I consent to the CNT Instructor using my personal and sensitive data in accordance with the General Data Protection Regulations (GDPR) 2018 only for the purposes of delivering treatment and training to me. I have also been informed that any data submission is always voluntary. Furthermore, I agree that any session data, evaluations and documentation concerning my person, will only be stored for the purpose and duration of my treatment and/ or training. This shall also apply to any session data and findings (i.e. Case Studies) concerning any third parties that may have been transferred or submitted by me to the UHT Senior Instructor.

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 session and/or training contract from the revocation date and an immediate deletion of any documents and data I have submitted or transferred. It is acknowledged that any oral or written information in connection with my session and/ education are regarded as confidential information and the confidentiality of all such information shall always be maintained, except for the information that is under the obligation to be disclosed pursuant to the applicable laws or regulation or orders of the court or other government authorities.

This agreement is fully understood and agreed to and is signed as it stands data protection by:

<https://www.universaltaoinstructors.com/memberarea/status/documents/>

Date _____ Signature _____

DESCRIPTION & PROFILE OF THE STUDENT

1. Name :	Surname :
2. Gender: <input type="checkbox"/> female <input type="checkbox"/> male	Date of Birth & Hour :
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 : Inner Alchemy Astrology	
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

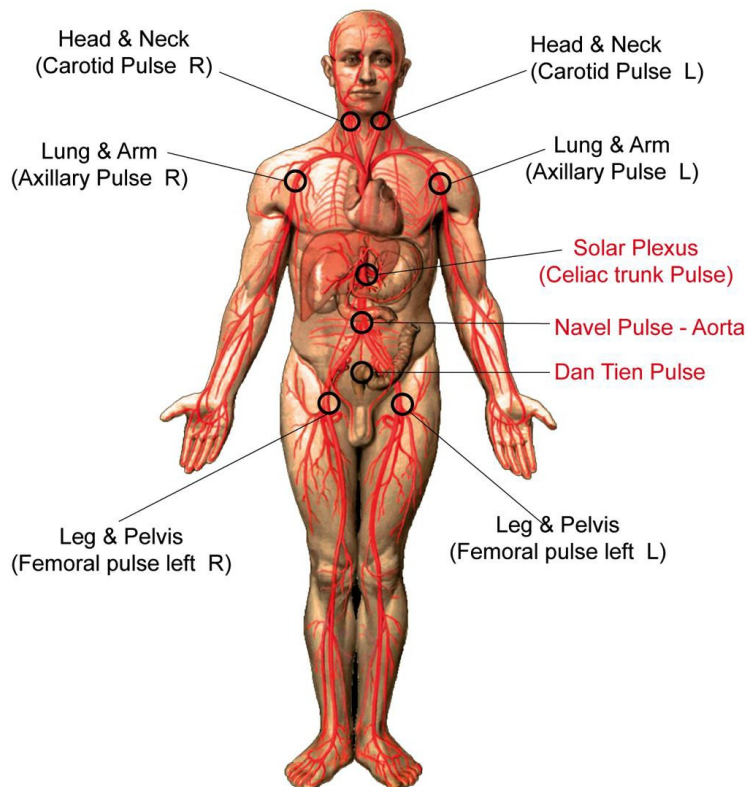
SESSION 1 **NAME Student:** _____

DATE: _____

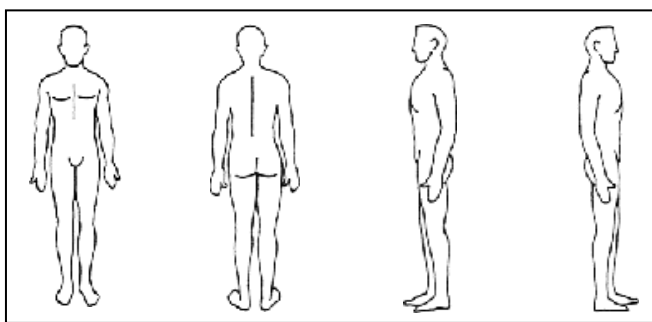
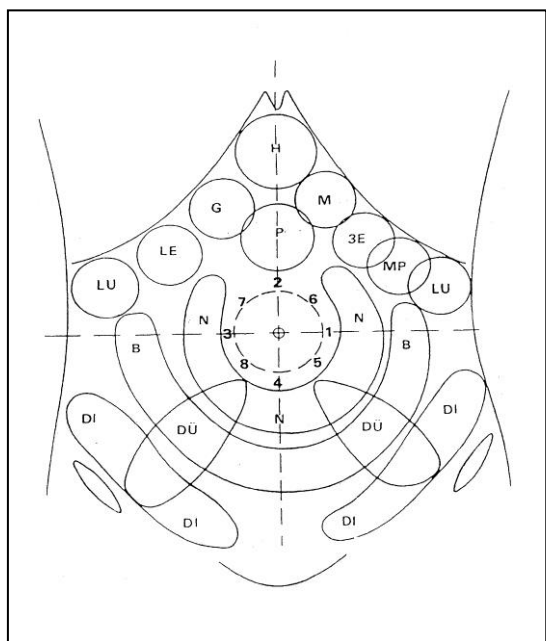
Recommendation: Clean hands for CNT Trainee, Student can stand, sit or lie down.

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

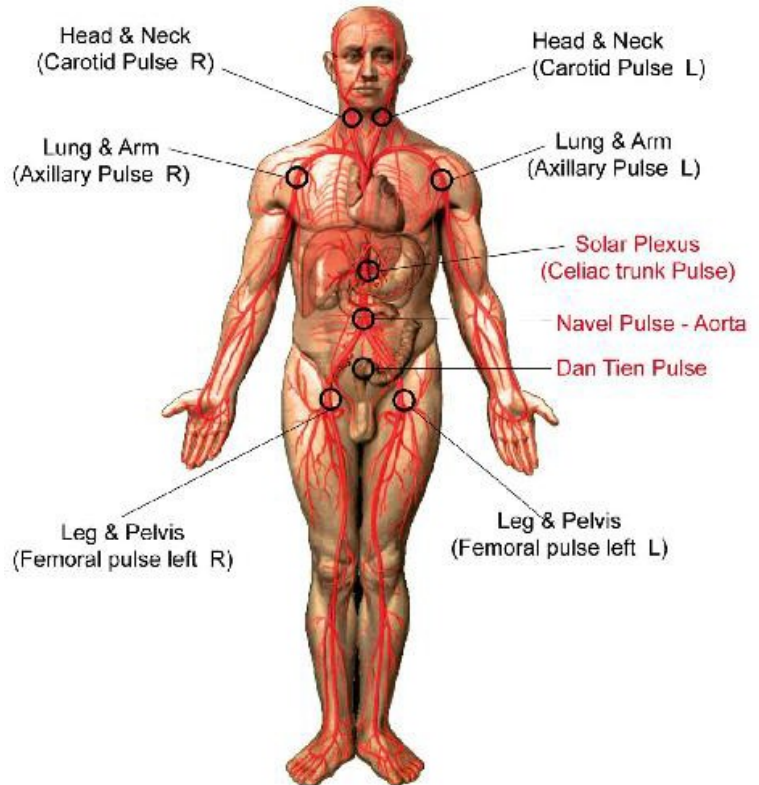
NAME Student: _____

DATE: _____

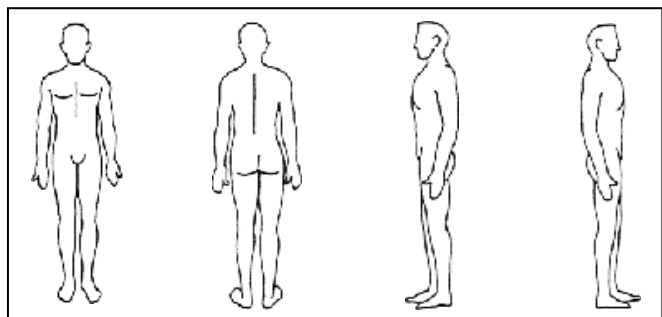
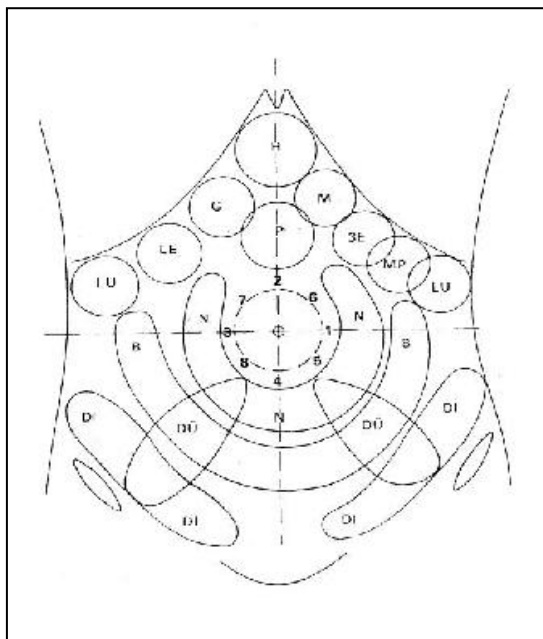
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Comments to session:

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SESSION 3

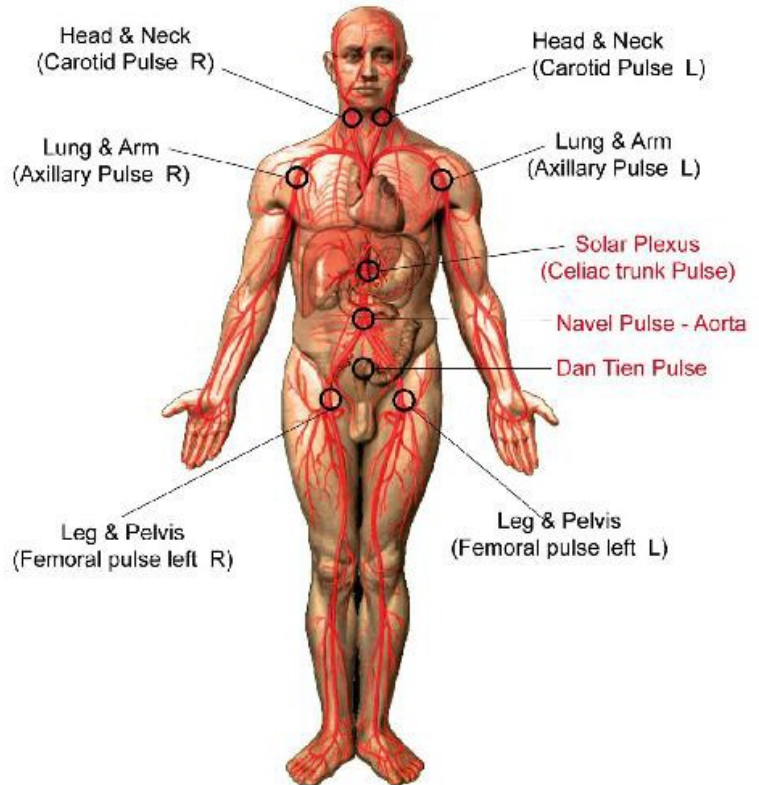
NAME Student: _____

DATE: _____

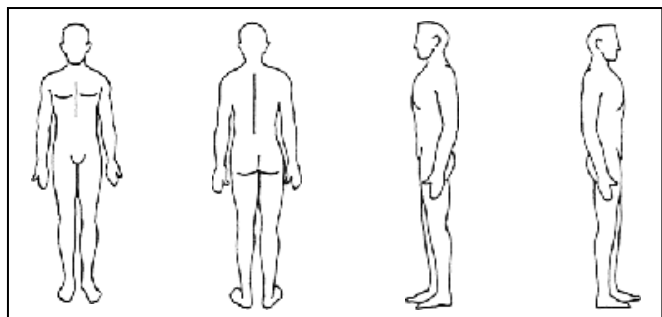
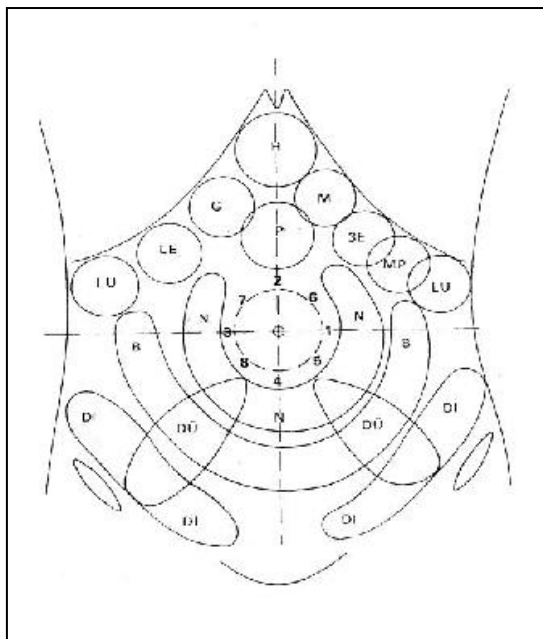
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SESSION 4

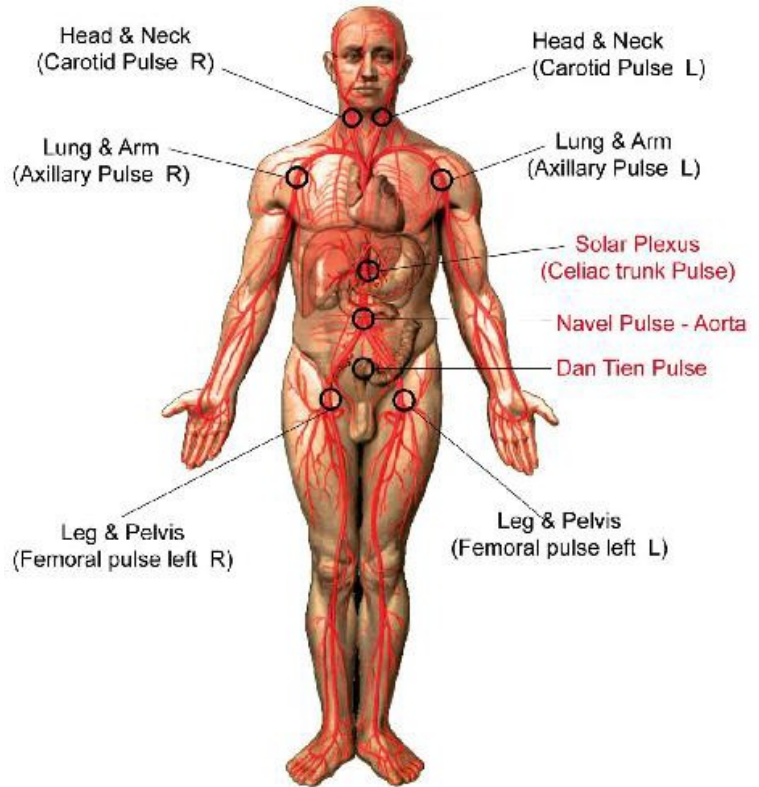
NAME Student: _____

DATE: _____

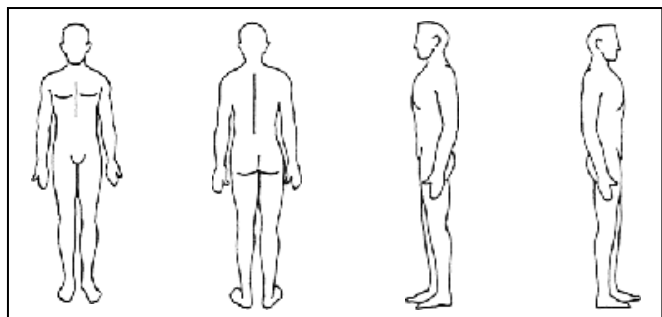
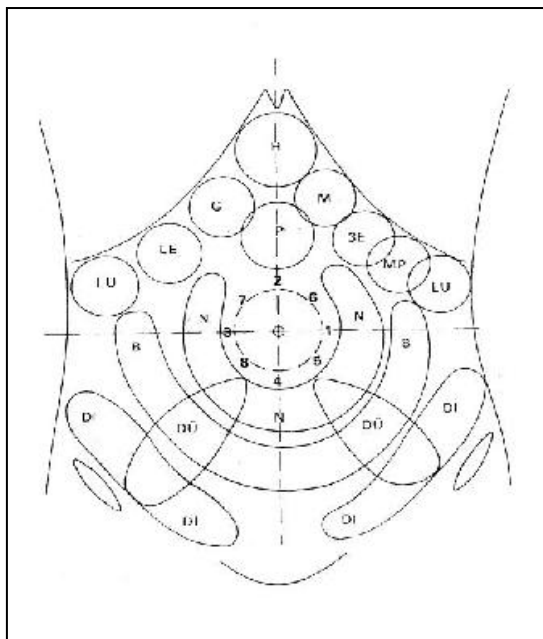
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- iron shirt position:
- healing sounds:.....



Comments to session:

CNT I: SESSION EXPLANATION & PRACTICE WITH STUDENT

SESSION 5

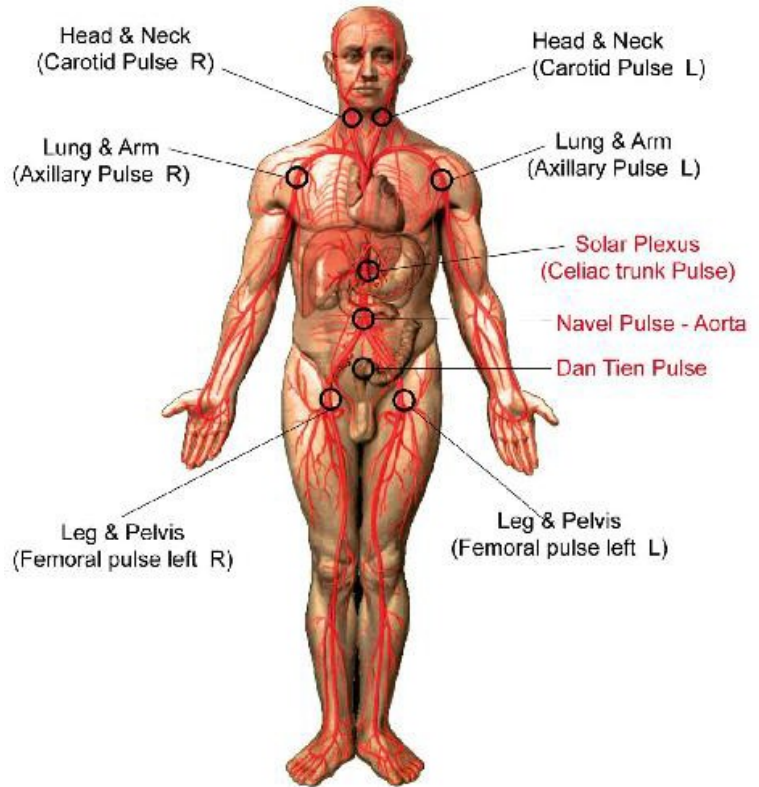
NAME Student: _____

DATE: _____

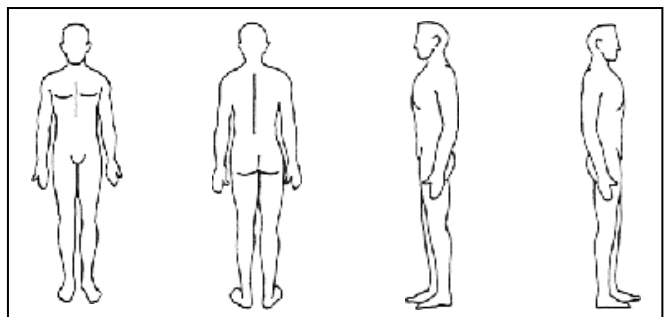
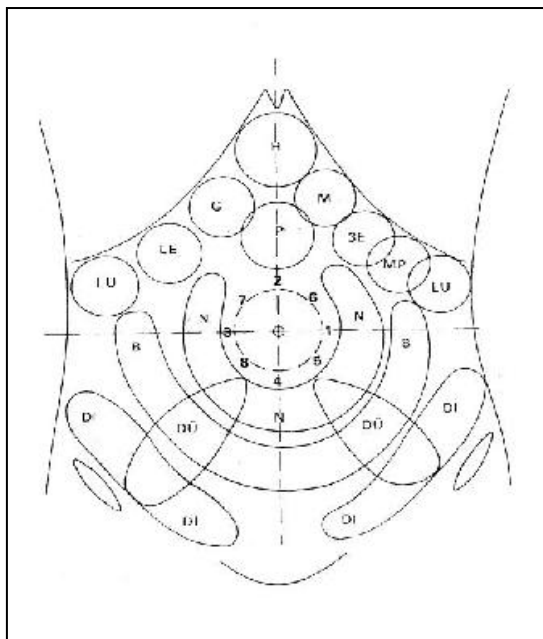
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