



Universal Healing Tao System

Chi Nei Tsang V Life Pulse Massage

Case Study Form

Application for CNT V



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

Applicant for becoming practitioner / teacher profile:

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

Dear Chi Nei Tsang Trainee,

To reach the level of a 'UHT Chi Nei Tsang V, Life Pulse', 30 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 V education. Within each of the documented 30 sessions with students (partners, clients, friends or relatives), several actions are necessary as outlined in the Case Study Forms. Please note that before becoming a CNT V Practitioner you have to be a CNT I Practitioner first. 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.

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"/> Wood ↓ <input type="checkbox"/> Fire ↓ <input type="checkbox"/> Earth ↓ <input type="checkbox"/> Metal ↓	
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 V 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 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

SESSION EXPLANATION & PRACTICE WITH STUDENT

SESSION # 1 **NAME Student:** _____

DATE: _____

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

Feedback from Student: no change better good worse

Please mark the points, also on graphics, you have worked on !

O loosening the body tissue by shaking and waving

O Activating the master pulses

O Wind gates and Tan Tien

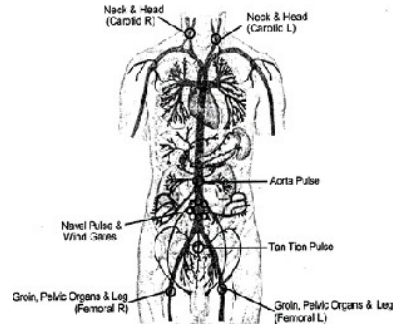
O Organ Pulses

O Leg Pulses

O Arm Pulses

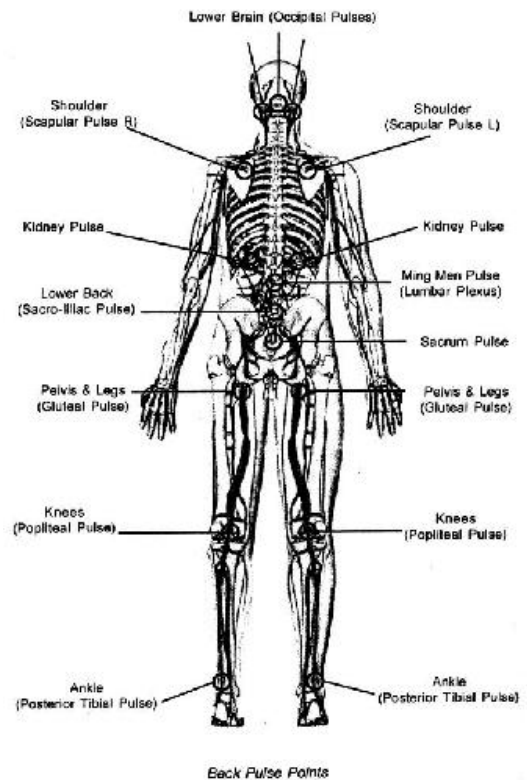
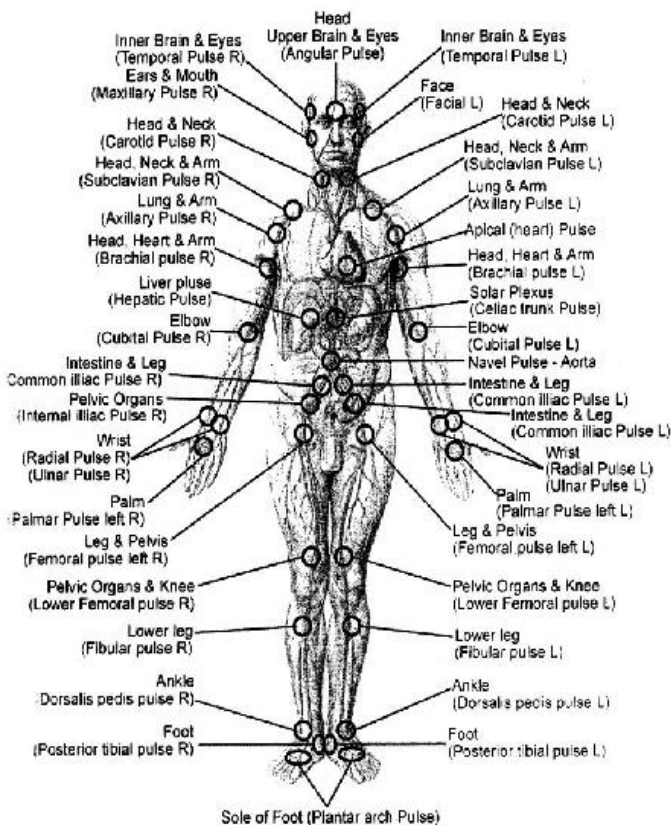
O Neck and Head pulses

O Spine pulses



O Balncing the front pulses

O Balancing the back pulses



AFTER SESSION for Student (Client)

- 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.

SESSION EXPLANATION & PRACTICE WITH STUDENT

SESSION # 2 **NAME Student:** _____

DATE: _____

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

Feedback from Student: no change better good worse

Please mark the points, also on graphics, you have worked on !

O loosening the body tissue by shaking and waving

O Activating the master pulses

O Wind gates and Tan Tien

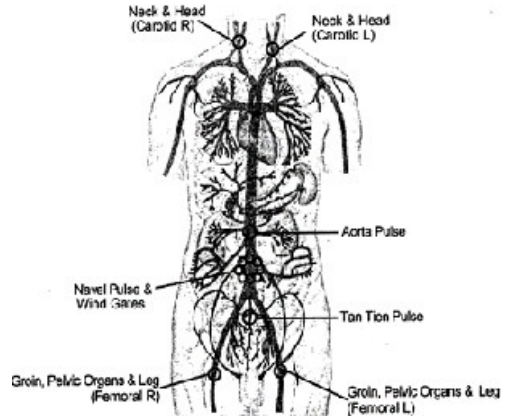
O Organ Pulses

O Leg Pulses

O Arm Pulses

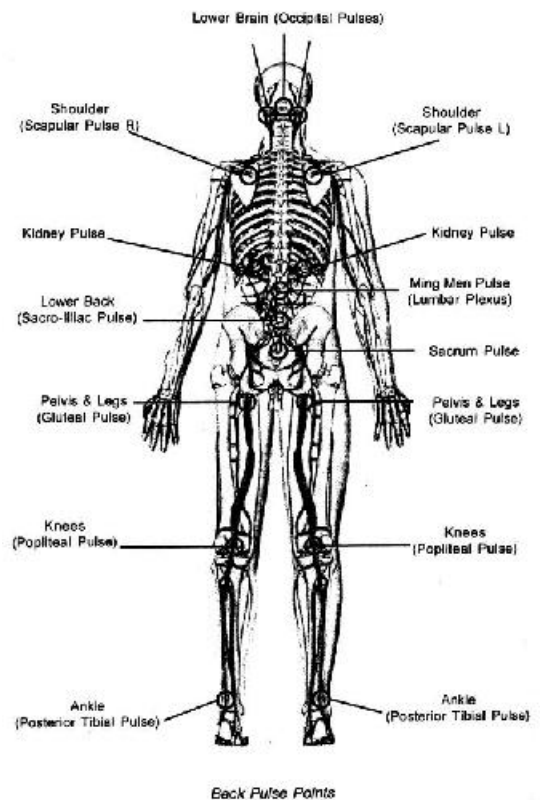
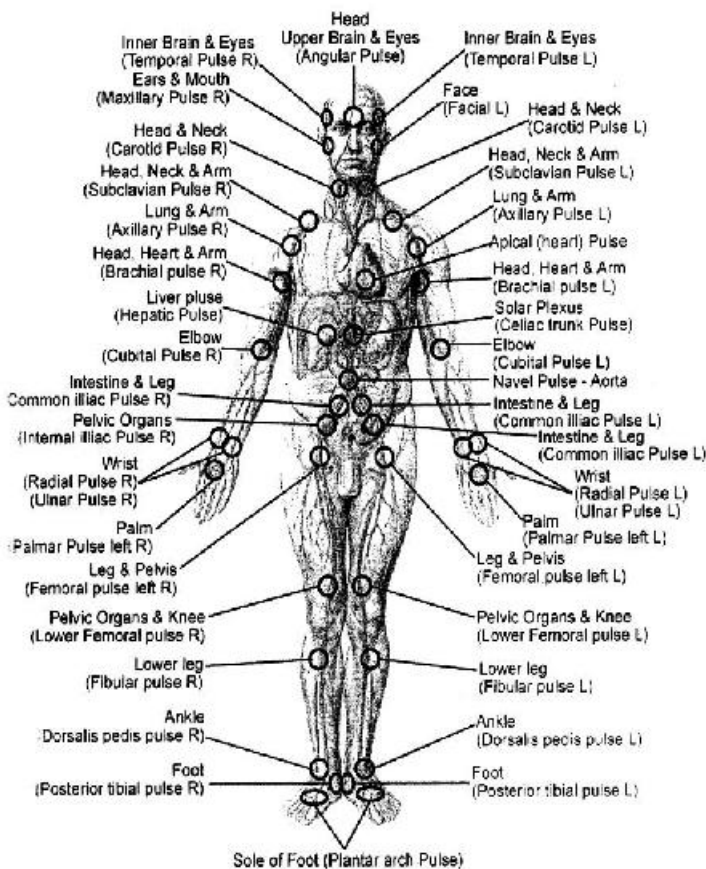
O Neck and Head pulses

O Spine pulses



O Balncing the front pulses

O Balancing the back pulses



Comments to session:

SESSION EXPLANATION & PRACTICE WITH STUDENT

SESSION # 3 **NAME Student:** _____

DATE: _____

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

Feedback from Student: no change better good worse

Please mark the points, also on graphics, you have worked on !

O loosening the body tissue by shaking and waving

O Activating the master pulses

O Wind gates and Tan Tien

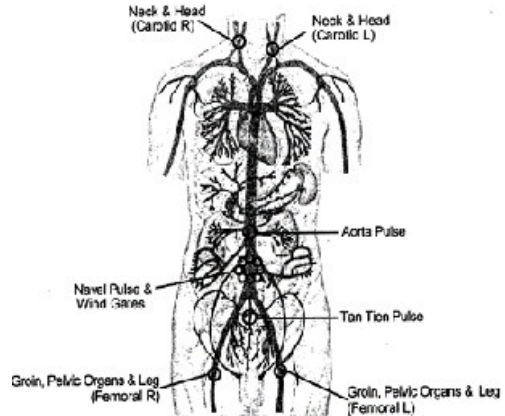
O Organ Pulses

O Leg Pulses

O Arm Pulses

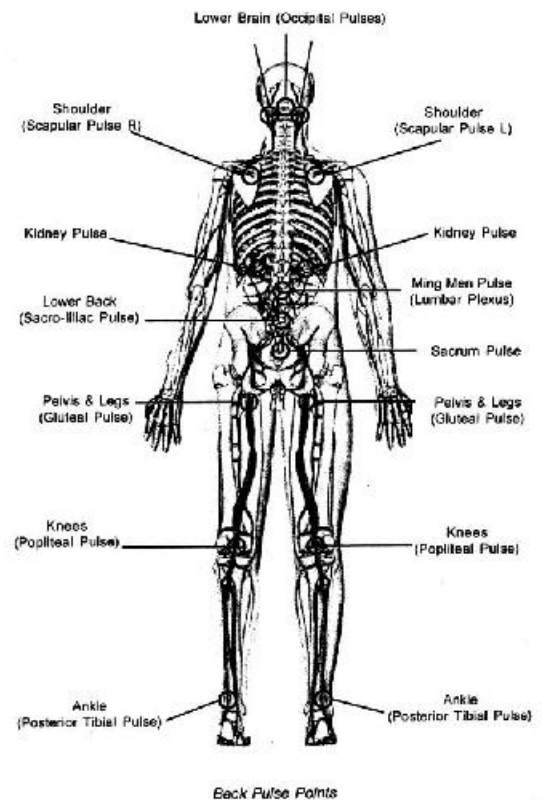
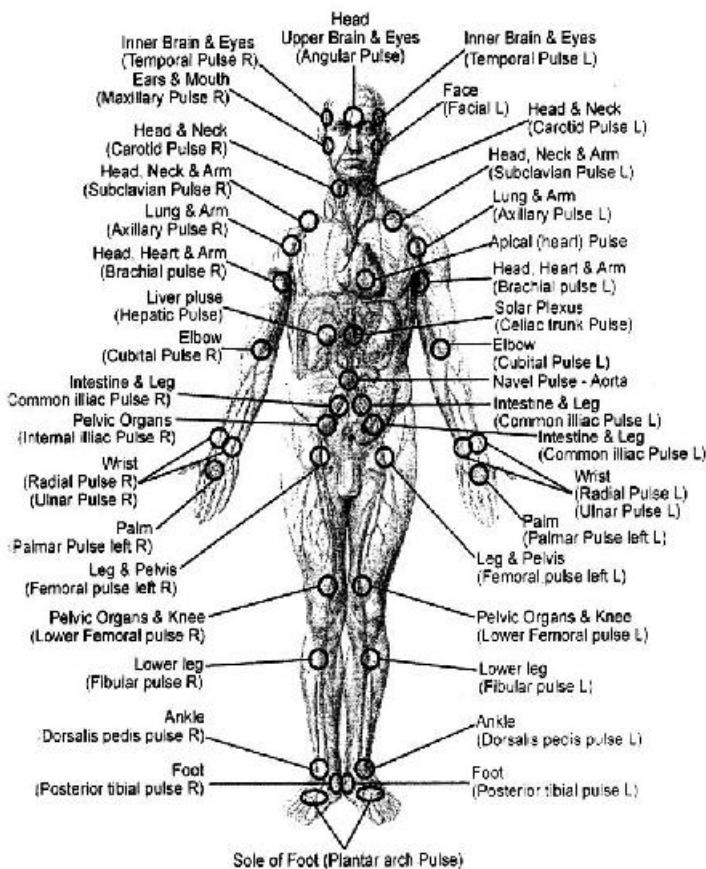
O Neck and Head pulses

O Spine pulses



O Balncing the front pulses

O Balancing the back pulses



Comments to session:

SESSION EXPLANATION & PRACTICE WITH STUDENT

SESSION # 4 **NAME Student:** _____

DATE: _____

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

Feedback from Student: no change better good worse

Please mark the points, also on graphics, you have worked on !

O loosening the body tissue by shaking and waving

O Activating the master pulses

O Wind gates and Tan Tien

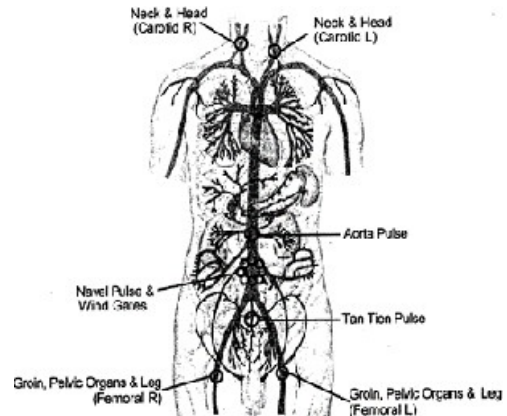
O Organ Pulses

O Leg Pulses

O Arm Pulses

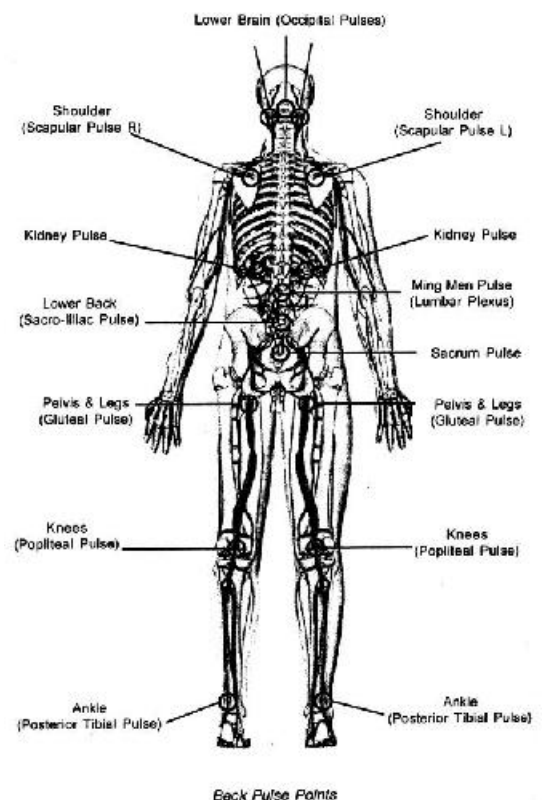
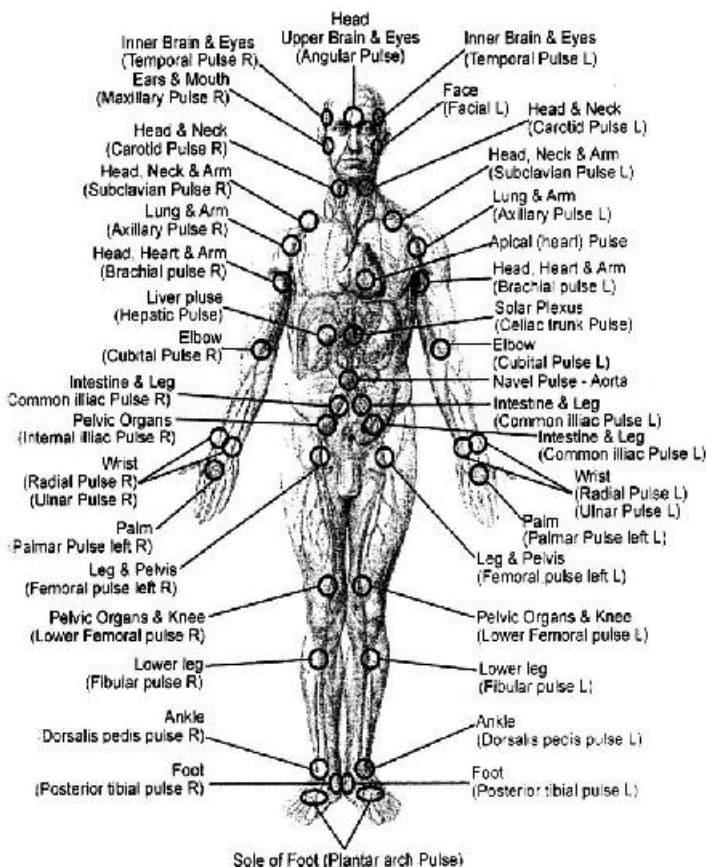
O Neck and Head pulses

O Spine pulses



O Balncing the front pulses

O Balancing the back pulses



Comments to session:

SESSION EXPLANATION & PRACTICE WITH STUDENT

SESSION # 5 **NAME Student:** _____

DATE: _____

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

Feedback from Student: no change better good worse

Please mark the points, also on graphics, you have worked on !

O loosening the body tissue by shaking and waving

O Activating the master pulses

O Wind gates and Tan Tien

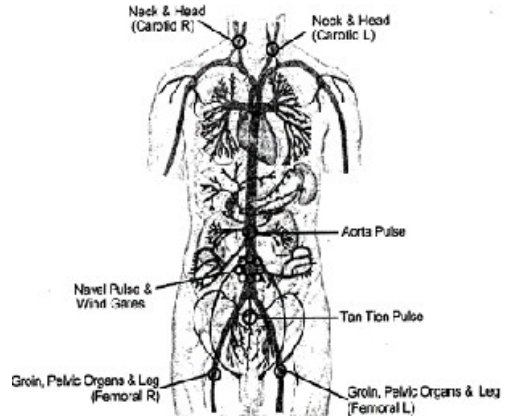
O Organ Pulses

O Leg Pulses

O Arm Pulses

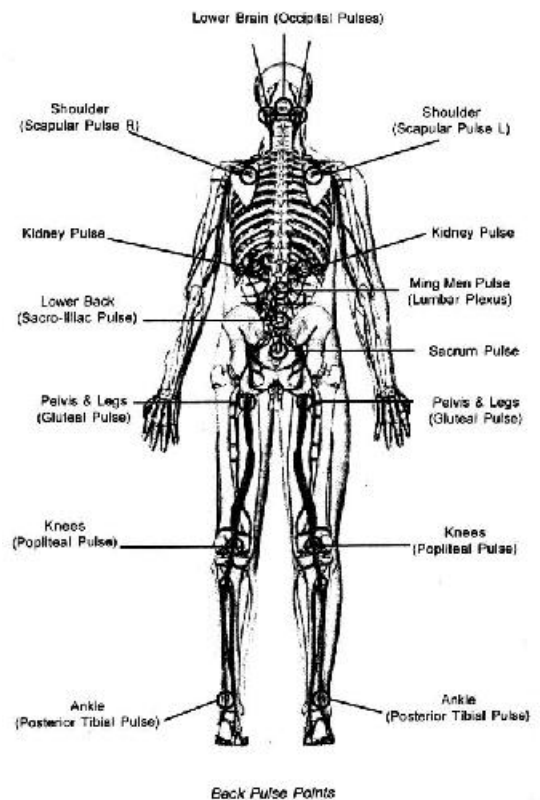
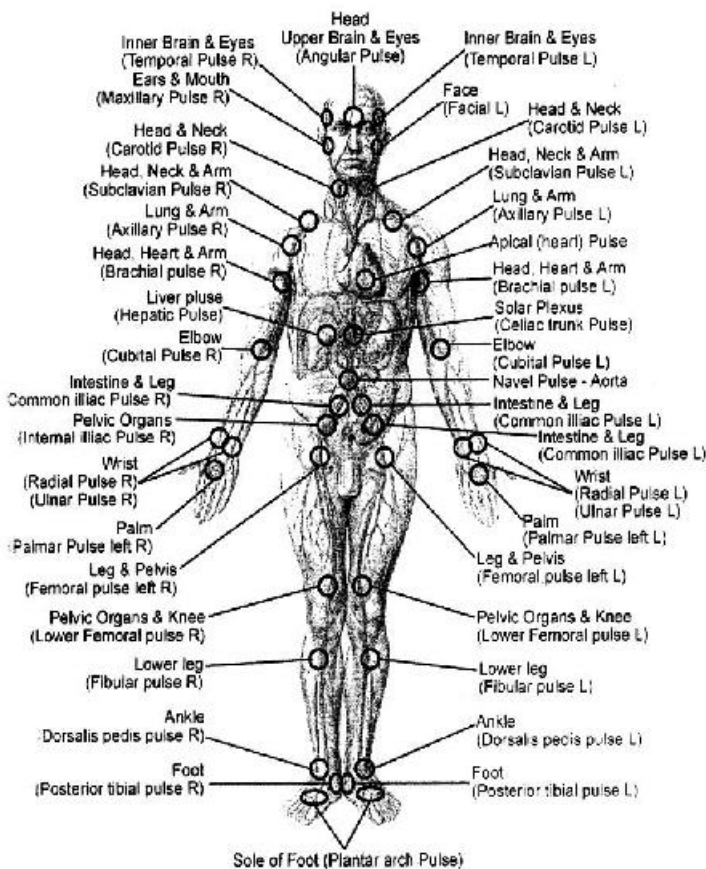
O Neck and Head pulses

O Spine pulses



O Balncing the front pulses

O Balancing the back pulses



Comments to session:

Pulse Points of the Organs & Master Pulses

