

# Session Explanation & Practice

**Session # 1 Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

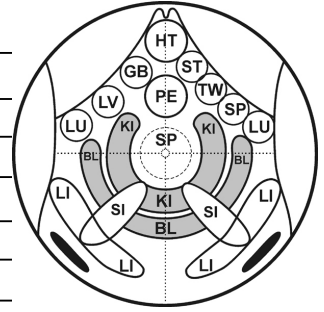
Techniques Applied: \_\_\_\_\_

Techniques Taught: \_\_\_\_\_

Exercises & Meditations Taught: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Response from Student: \_\_\_\_\_



**Session # 2:** \_\_\_\_\_ **Date:** \_\_\_\_\_

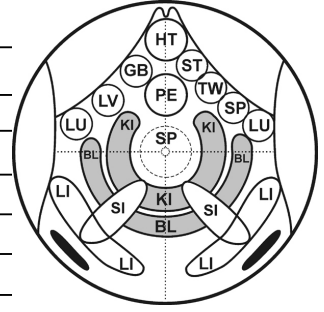
Techniques Applied: \_\_\_\_\_

Techniques Taught: \_\_\_\_\_

Exercises & Meditations Taught: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Response from Student: \_\_\_\_\_



**Session # 3:** \_\_\_\_\_ **Date:** \_\_\_\_\_

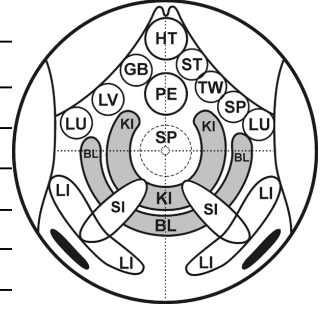
Techniques Applied: \_\_\_\_\_

Techniques Taught: \_\_\_\_\_

Exercises & Meditations Taught: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Response from Student: \_\_\_\_\_



**Session # 4:** \_\_\_\_\_ **Date:** \_\_\_\_\_

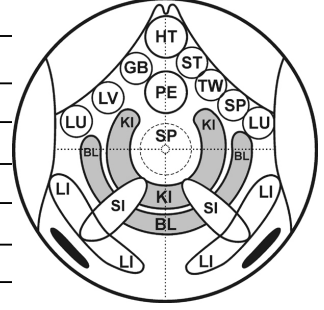
Techniques Applied: \_\_\_\_\_

Techniques Taught: \_\_\_\_\_

Exercises & Meditations Taught: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Response from Student: \_\_\_\_\_



**Session # 5:** \_\_\_\_\_ **Date:** \_\_\_\_\_

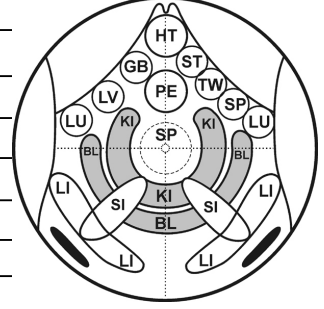
Techniques Applied: \_\_\_\_\_

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**