

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 II 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 II 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

Session Explanation & Practice

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

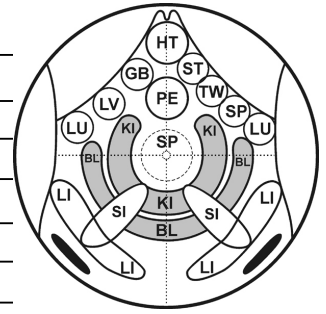
Techniques Applied: _____

Techniques Taught: _____

Exercises & Meditations Taught: _____

Recommendations: _____

Response from Student: _____



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

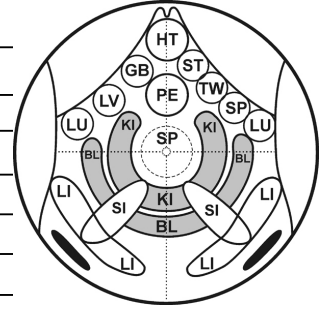
Techniques Applied: _____

Techniques Taught: _____

Exercises & Meditations Taught: _____

Recommendations: _____

Response from Student: _____



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

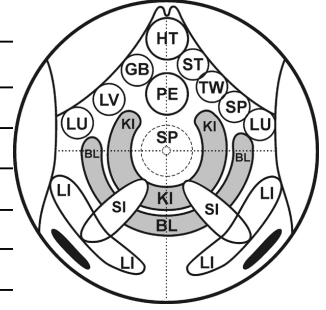
Techniques Applied: _____

Techniques Taught: _____

Exercises & Meditations Taught: _____

Recommendations: _____

Response from Student: _____



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

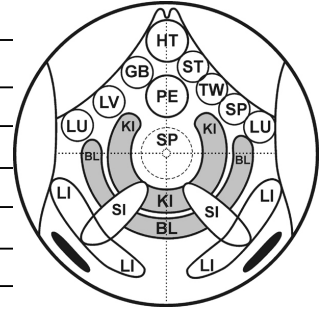
Techniques Applied: _____

Techniques Taught: _____

Exercises & Meditations Taught: _____

Recommendations: _____

Response from Student: _____



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

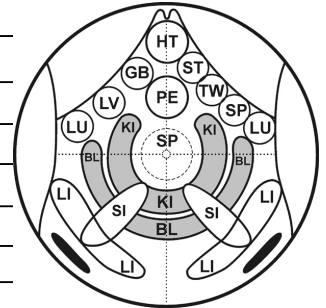
Techniques Applied: _____

Techniques Taught: _____

Exercises & Meditations Taught: _____

Recommendations: _____

Response from Student: _____



After Session

- 1) Drink warm clean water for lymph detoxification.
- 2) Do not eat 60 minutes before & after session.
- 3) Possible Responses: Discomfort (6-8 days in abdominal area), Lighter feeling in head (heat), Sweating(7-20 days), Tiredness, Bowel Movement, Recovering feeling, Sleepiness.