

DESCRIPTION & PROFILE OF THE STUDENT

Name: _____ Email: _____ Tel: _____
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 _____
Environment: _____
Occupation: _____ Amount of days off: _____ Vacations: _____
Job Conditions: _____
Stress Conditions: _____
Hobbies : _____
General Attitude: _____

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 or everything else _____ 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: _____

I am aware that Chi Nei Tsang III 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 III 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

(Clean & Warm Hands for CNT Trainee, Student detox intestine recommended.)

Body should be supported with Towel & Pillows)

SESSION # 1 NAME: _____ DATE: _____

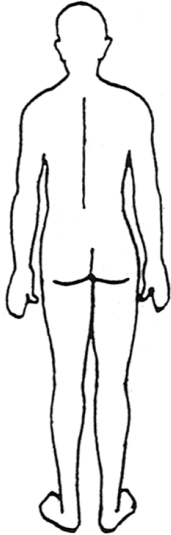
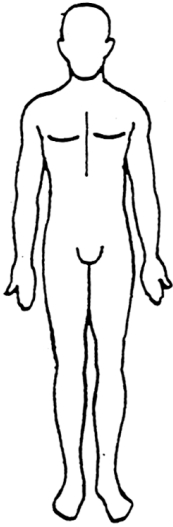
Techniques Applied: _____

Techniques Taught: _____

Exercises & Meditations Taught: _____

Recommendations: _____

Response from Student: _____



SESSION # 2

DATE: _____

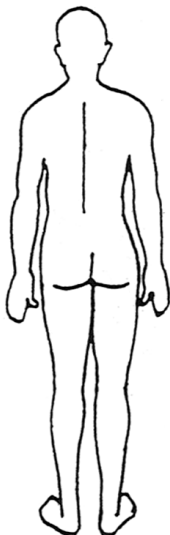
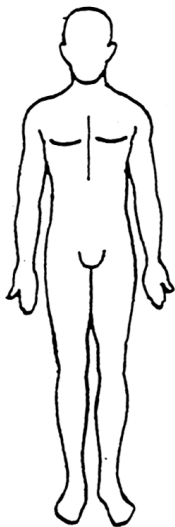
Techniques Applied: _____

Techniques Taught: _____

Exercises & Meditations Taught: _____

Recommendations: _____

Response from Student: _____



SESSION # 3

DATE: _____

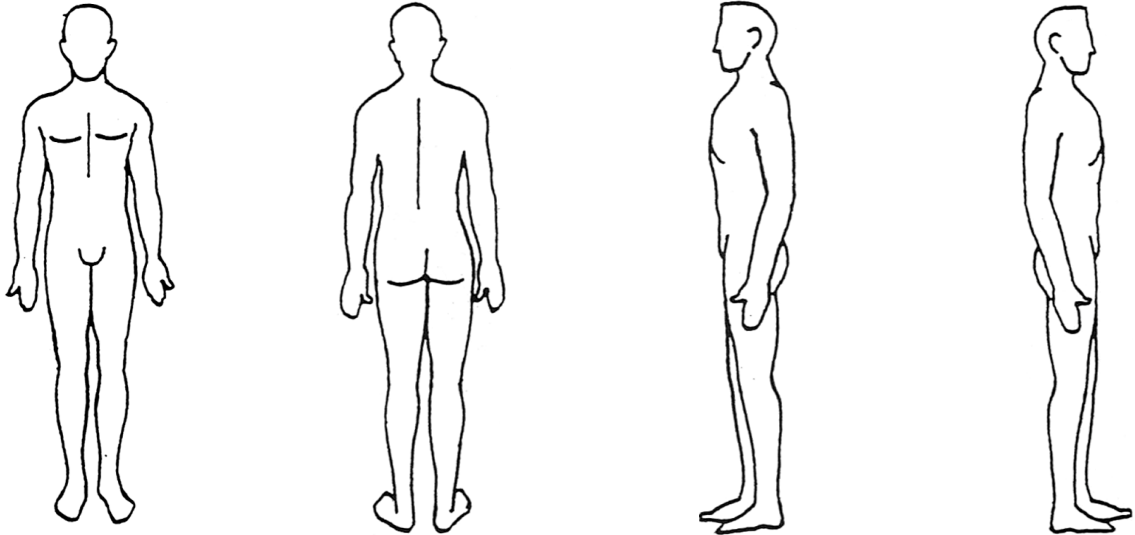
Techniques Applied: _____

Techniques Taught: _____

Exercises & Meditations Taught: _____

Recommendations: _____

Response from Student: _____



SESSION # 4

DATE: _____

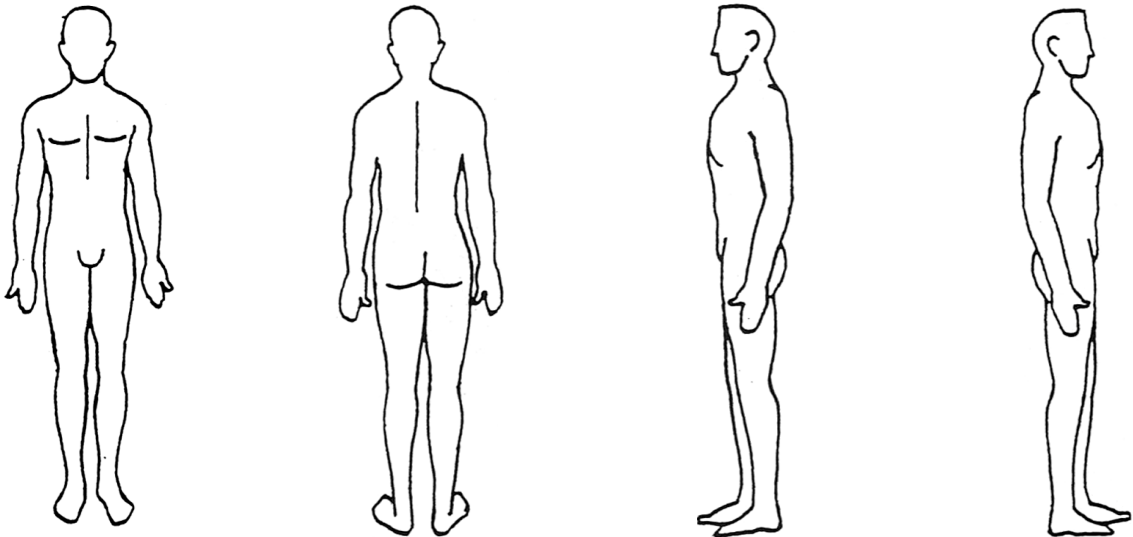
Techniques Applied: _____

Techniques Taught: _____

Exercises & Meditations Taught: _____

Recommendations: _____

Response from Student: _____



Techniques Applied: _____

Review

Techniques Taught: _____

Work on

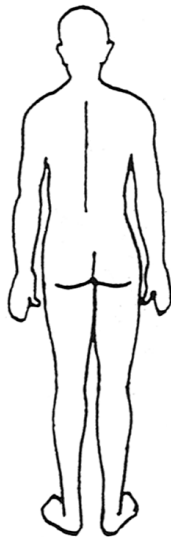
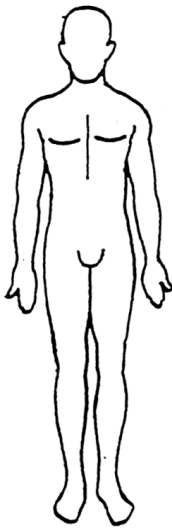
areas

Exercises & Meditations Taught: _____

Most needed

Recommendations: _____

Response from Student: _____

**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.

