



# UNIVERSAL HEALING TAO® System

## Case Study Form

for upgrading to UHT Inner Alchemy Certified Instructor

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

Email: [universaltao@universal-tao.com](mailto:universaltao@universal-tao.com) Website: [www.universal-tao.com](http://www.universal-tao.com)



Applicants profile for becoming  UHT Inner Alchemy Certified Instructor

|                 |              |
|-----------------|--------------|
| Surname Trainee | Name Trainee |
| e-mail          | Mobile Phone |
| Zip             | City         |
| Street / No.    | Birthday     |
| Country         | State        |

**Dear Associate Instructor,**

To reach the level of a 'UHT Inner Alchemy Certified Instructor', 9 completed UHT Case Study Forms are needed. To train and develop your skills, Grand-Master Mantak Chia wants you to show your UHT Basic practice for this part of your UHT Instructor education. Within each of the 9 teaching sessions with your students (partners, clients, friends or relatives), please ask your students to fill out this questionnaire. These nine filled in UHT Case Study Forms are part of your own education. Please observe the legal regulations valid in your country.

**Thank you very much!**

Date

Signature Associate Instructor

**QUESTIONNAIRE - TO BE FILLED IN BY THE STUDENT/CLIENT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| <b>1. Name :</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Surname :</b> |
| <b>2. Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Age :</b>     |
| <b>3. E-mail</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Country:</b>  |
| <b>1. UHT Inner Smile</b><br><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO    Could you feel/visualize the red fire Chi in/around the heart?<br><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO    Could you feel/visualize the blue water Chi in/around the kidneys?<br><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO    Could you feel/visualize the green wood Chi in/around the liver?<br><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO    Could you feel/visualize the white metal Chi in/around the lungs?<br><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO    Could you feel/visualize the red yellow/orange Chi in/around the spleen?<br>Describe briefly your experience: |                  |
| <b>2. Six Healing Sounds</b><br><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO    Could you notice effects after doing the eye practice ?<br><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO    Did you understand the difference between Creation Cycle and Control Cycle?<br><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO    Could you feel emotions in the organs<br><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO    Could you visualize the colors in the organs<br><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO    Can you feel emotional release?<br>Describe briefly your experience:                                                                                     |                  |
| <b>3. Chi Self-Massage</b><br><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO    Is a partial massage of the body sufficient?<br><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO    Do you think you need to know the body functions for this type of massage?<br><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO    Can diseases be cured with self-massage?<br><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO    Could you increase muscle building in the body through self-massage?<br>Describe briefly your experience:                                                                                                                                                                                                   |                  |
| <b>4. Warm Up Qi Gong</b><br><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO    Do you believe in self-healing effect of the exercise<br><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO    Could you feel any connection from the psoas muscle to the door of life<br><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO    Warm Up Qi Gong only affects the physical body?<br><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO    Warm Up Qi Gong harmonizes the Chi flow in the physical body?<br>Describe briefly your experience:                                                                                                                                                                                              |                  |

**I am aware that UNIVERSAL HEALING TAO® System 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 wellbeing. This training 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 disability. With this Taoist meditation and Qi Gong practice of Grandmaster Mantak Chia, no diagnoses are made and it can in no case replace the visit with the doctor.**

**Date**

**Signature Student**