

UHT CASE STUDY FORM - TO BE FILLED IN BY THE STUDENT/CLIENT

Please fill in after 3 – 5 trainings!

1. Name :	Surname :
2. Gender: <input type="checkbox"/> female <input type="checkbox"/> male <input type="checkbox"/> other/don't wish to say	Age :
3. E-mail	Country:
1. UHT Inner Smile: first time? Yes/No if yes, how many times have you done it before? <input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Could you feel/visualize your organs? <input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Could you feel/visualize color of the organs? <input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Could you feel/visualize the emotions of your organs? <input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Could you feel/visualize the elements of your organs? <input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Could you feel any benefits? <input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Do you think you will make this a daily or regular routine? Describe briefly your experience:	
2. UHT Six Healing Sounds: first time? Yes/No if yes, how many times before? <input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Could you feel any transformation of negative emotions? <input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Could you feel any release of physical/emotional tension in your body? <input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Did you get the feeling that this mediation could help you in your life? <input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Did your sleep improve? <input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Can you handle your negative emotion/attitude better? <input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO You think you will make this a daily or regular routine? Describe briefly your main experience:	
3. Chi Self-Massage first time? Yes/No if yes, how many times? <input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Did you feel that reflex zones /meridians are connected to the head, hands and feet? <input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Could you feel a relaxing effect or energy flow from the self-massage? <input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Can you imagine making self-massage a regular habit? <input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Can you imagine any improvement from doing it? Describe briefly your main experience:	
4. Self-Healing Qi Gong first time? Yes/No if yes, how many times? <input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO I believe I can do a lot for keeping my body healthy and/or cure many illnesses myself <input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO I believe Self-Healing Qi Gong works well in prevention <input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO I believe Self-Healing Qi Gong can boost my immune system? <input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Could you feel any pain relief? Better blood flow? Emotional release? <input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Can you imagine daily or regular Qi Gong in your life? Describe briefly your main 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 well-being. This training 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 and Qi Gong practice after Grandmaster Mantak Chia no diagnoses are made, it can in no case replace the visit with the doctor.

Date

Students name in print letters

Students Signature