



Universal Tao Center

At Tao Garden Wellness Retreat

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Chi Nei Tsang II Training Registration Form

Please fill out this enrollment form as a step toward instruction in the practices of the Chi Nei Tsang, as taught by _____. This information will be kept confidential. (Please Print)

Name _____ Age _____ Marital Status _____

Street _____

City _____ State _____ Country _____ Zip _____

Home/Work Phone _____ Email _____

Occupation _____ Date of Birth _____

Permanent Address (if different from above):

Street _____

City _____ State _____ Country _____ Zip _____

How were you referred to this Universal Tao class? Ad Flyer Friend Other
(specify)

Previous classes attended:

Biography & schooling:

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. CNT II is an element of the Universal Tao System. I agree that I will not publish, teach, or in any form or way attempt to impart the principles of the Universal Tao to the public, until such time as I have received personally from Master Mantak Chia, or his representative, the training necessary to become a qualified practitioner of the Universal Tao Chi Nei Tsang II practices.

Date _____ Signature _____

Diagnosis: Look - Listen - Smell - Ask - Feel (Circle)

Face: Red (Cardiovascular), Darkness Around Eyes (Kidneys), Pale (Lung), Yellow/Green (Liver), yellow/Orange (Spleen); **Deep Lines:** Horizontal: Mideye (Intestines), Forehead & Under Eyes (Kidneys); Vertical: Above Nose & Mideye (Liver); **Tics.**

Hair: Premature Gray/White (Liver), Dry (Spleen), Oily (GB), Dandruff/Balding (Kidneys).

Eyes: Healthy (Iris: Translucent, Pupil: Transparent), Deep Black Pupil (Kidney), Discolored Edges of Eyelids (Spleen), Discolored Whites (Lungs), Discolored Eye Corners (Heart).

Nose: Thin Nostrils (Weak Lungs), Wide Nostrils (Strong Lungs), Upturn (Strong Heart)

Ears: Large (Good Digestion), Small (Weak Adrenals/Kidney)

Lips: Swollen (Expanded Digestive Tract/Constipation), Sores (Digestion), Whitish (Absorption), Tightness (Contracted Colon)

Tongue:

Texture: Smooth, Rough, Moist, Dry (Heat), Tender (Cold).

Size: Wide (Cold), Narrow (Blood), Stiff (Winds), Long (Heart)

Color: Pink (Healthy), Pale Sides (Liver), Red Tip (Heart).

Movement: Quick (Hot), Slow (Cold), Quivering (Spleen).

Coating: White (Cold), Greasy, Yellow (Heat)

Moisture: Too Much (Slow Fluids), Too Dry (Heat).

Cracks: Horizontal (Stomach), Midline (Heart),

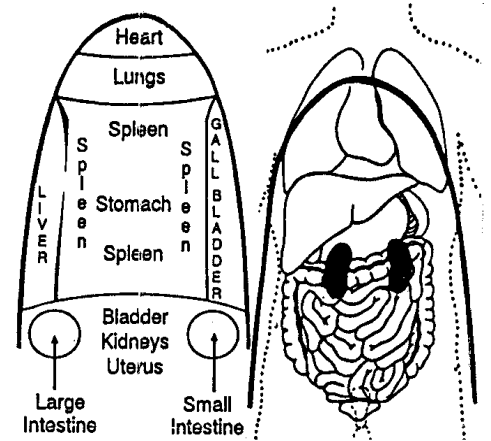
Short/Transversal (Spleen), Teeth Marks (Kidney).

Tone of Voice: Loud (Overactive Liver), Joyful (Overactive Heart), Singing (Overactive Spleen), Weeping (Overactive Lungs), Trembling (Weak Kidneys), Crackling (Sexual Glands).

Breathing: Slow, Fast, Long, Short, Choppy, Even, Smooth, Rough (Lungs).

Hands: Swollen Fingers (Kidneys), Bluish Wrist (Sexual Weakness), Redish Palms (Spleen), Bluish Palms (Heart), Brown Spots (Liver).

Nails: Yellow/Green (Liver), Pink (Healthy), Bluish/Red/Purple (Heart), Biting (Stomach), Ridges or Bulging (Liver), Raised Cuticle (Kidney), Fat (Lymph), Excessive Half Moons (Overactive Thyroid), No Half Moons (Underactive Thyroid), White Spots (Pancreas).



Pulse Reading: Left Wrist: Index (S) (Small Intestine)

(D) (Heart), Middle (S) (Gall Bladder) (D) (Liver), Ring

(E) Bladder) (D) (Kidneys). Right Wrist: Index (S)

(Large Intestine) (D) (Lung), Middle (S) (Stomach)

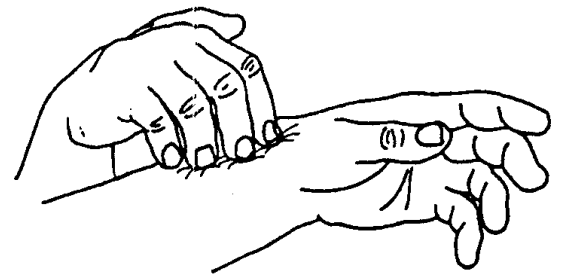
(D) Liver), Ring (S) (Triple Warmer) (D) (Pericardium).

Pulse Sounds: (Feeling of Blood Leaving Organs)

1) Fast (Heart) 2) Healthy (Smooth) 3) Empty (Weak Body),

4) Full (Liver) 5) Slippery (Digestion), 6) Rough (Blood).

Gestures: _____



Mannerisms: _____

Navel Shape: Pull Left (Right Side/Kidneys/Intestines), Pull Upper Left (Stomach), Upper Pull (Genitals/Heart), Pull Upper Right (Liver/Gall Bladder), Pull Right (Left Side/ Kidneys/ Intestines), Right Hip Pull (Spleen/Left Kidney), Pull Down (Genitals/Bladder), Left Hip Pull (Spleen/Left kidney)

Skin Around Navel: Knots, Tangles, Tensions.

Moles: Active (Above Skin), Inactive (Below Skin), Past/Future (Brown/Red: Immune System).

Tendons: Knots/Tangles (Anger/Heat: Expand & Fear/Cold: Contract), Varicose Veins (Legs).

Muscles: Tensions, Aches, Pains (Negative Emotions or Toxins from Organs).

Practitioner: Date: _____ **Case #** _____

Description & Profile of the Student

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 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: _____

Session Explanation & Practice

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

Techniques Applied: _____

Techniques Taught: _____

Exercises & Meditations Taught: _____

Recommendations: _____

Response from Student: _____

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

Techniques Applied: _____

Techniques Taught: _____

Exercises & Meditations Taught: _____

Recommendations: _____

Response from Student: _____

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

Techniques Applied: _____

Techniques Taught: _____

Exercises & Meditations Taught: _____

Recommendations: _____

Response from Student: _____

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

Techniques Applied: _____

Techniques Taught: _____

Exercises & Meditations Taught: _____

Recommendations: _____

Response from Student: _____

Session # 5 Name: _____ **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.