

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.