At Tikkun Holistic Spa we offer Chi Nei Tsang (Abdominal Chi Massage.) The idea behind Chi Nei Tsang is that: Chi Nei Tsang integrates the art of “Applied Chi Kung” with the art of abdominal and visceral manipulation. It trains the organs to work more efficiently by addressing the origin of the body systems health problems, imbalances, and increases resilience of the body’s defense system. Chi Nei Tsang works well in conjunction with other holistic modalities as well as allopathic courses of treatment.

Our practitioners of Chi Nei Tsang will provide you with the following kinds of services involving:

* Focus on the breath and areas where it is restricted, gentle abdominal touch to improve elimination and stimulate the lymphatic and the circulatory systems, meridians ;
* Focused work around the navel center (umbilicus) to improve the function of the internal organs and to help address postural problems resulting from visceral imbalances, working to create chi flow throughout the body, addressing the whole body in advanced CNT 2 full body therapy;
* Teaching you how to perform basic CNT self-help manipulations, along with simple Chi Kung exercises and/or meditations to do in between regular sessions.

The method of treatment, Chi Nei Tsang, is alternative or complimentary to healing arts that are licensed by the State of California. We recommend that you inform your medical doctor that you are receiving Chi Nei Tsang Abdominal treatments.

Acknowledgement and Consent to Receive Services:

I have read and understand the above disclosures about the Chi Nei Tsang treatment offered by Tikkun Spa. I understand that Tikkun Spa is not a licensed physician and that Chi Nei Tsang services are not licensed by the State of California. I understand it is my responsibility to maintain a relationship for myself/my child with a medical doctor. I have consented to the use of services offered by Tikkun Spa, and agree to be personally responsible for the fees and charges for the services provided to me. I also understand that should I need to cancel or reschedule my appointment, I will provide a minimum of 24 hours advance notice.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (client/parent/conservator/guardian)

Client’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (will NOT be shared with anyone but Tikkun): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Thank you for your interest in Chi Nei Tsang wellness practice. Our Certified Chi Nei Tsang Practitioners look forward to working with you on improving your health. To give us a better understanding of your specific concerns, please provide the following confidential information.* ***(As an option, the questionnaires can be emailed to the spa manager,*** ***pam@tikkunspa.com***

 ***before your scheduled appointment. It will be forwarded to your CNT Practitioner.)***

**Name: Occupation: Today’s Date: Birth Date:**

***1.Please describe your current health concerns (physical pain, mental and/or emotional) that made you decide to seek Chi Nei Tsang as a form of therapy and if you’ve had treatments previously. If receiving care through other modalities, please list type of care and provider.***

***2.What have you done for relief/healing? Has there been a medical diagnosis or surgeries? Y N; If yes, please state diagnosis. Are you currently taking any medications, prescription or otherwise?***

***3. How would you describe your emotions recently? How have you been dealing with them?***

***4. How would you describe your breathing?***

***5.What has your energy been like recently? What times do you feel particularly tired or experience discomfort?***

***6. How many hours/night do you sleep, sleep pattern, bedtime and wake time? Dreams?***

***7. How much water do you drink per day? How many times per day do you eat and at what general times?***

***8. How would you describe your eating pattern? Do you crave certain foods or any of the following tastes eg. salty, sour, sweet, bitter, spicy?***

***9. How many times/day do you usually have a bowel movement? How would you describe your bowel movements?***

***10. Do you like to have a plan of action or do you enjoy spontaneity? When given several options, do you find it easy or difficult to make decisions?***

***11. Do you have a personal meditation or spiritual practice? Y/N Do you make good connections with other people? And do you feel that your relationships are fulfilling?***