

CERTIFICATION TAO TOUCH CHI NEI TSANG

Association Chi Nei Tsang France



NOM et PRÉNOM DU PRATICIEN :

NOM du client :

Prénom :

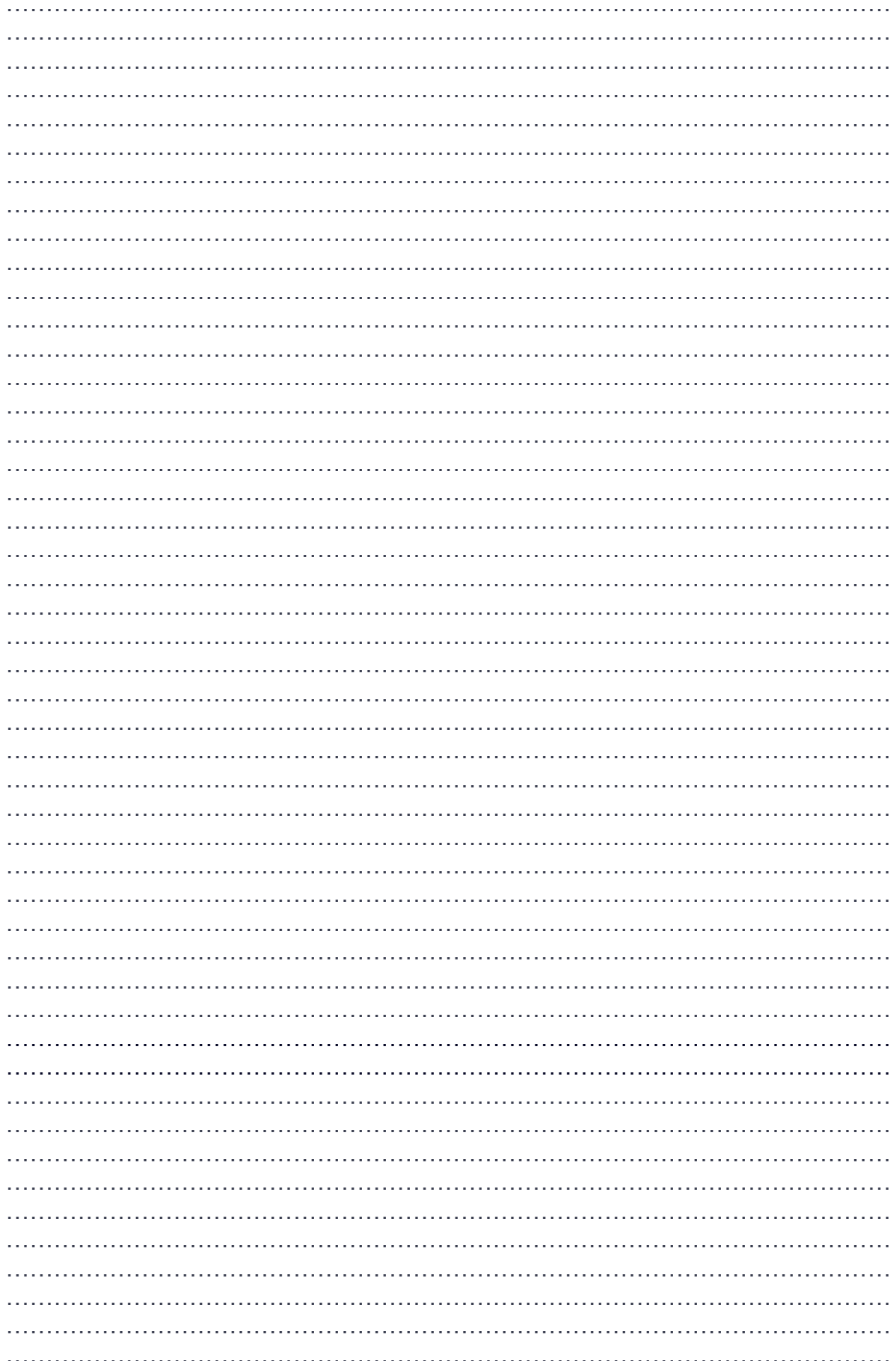
Age :

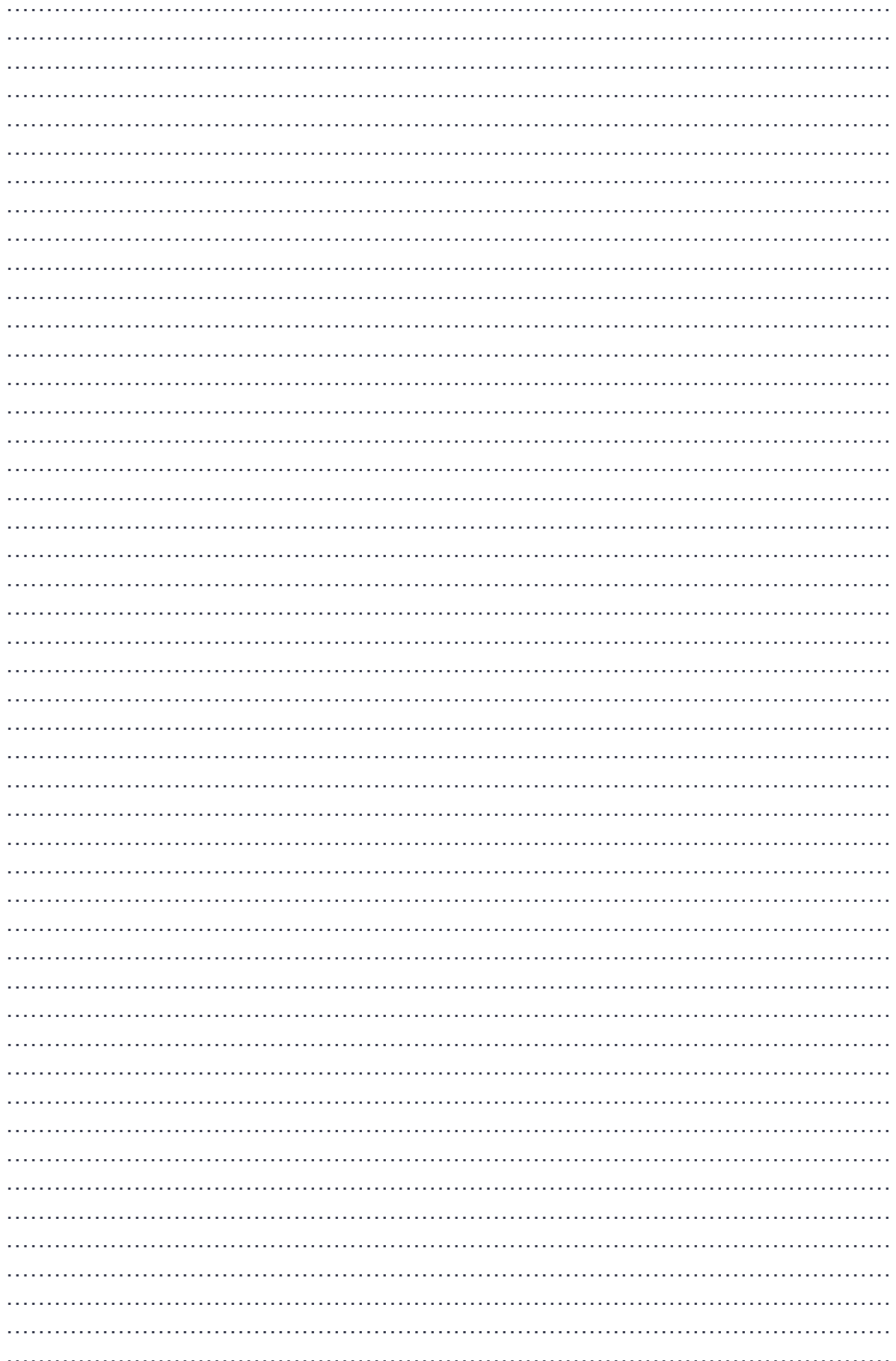
Date du traitement :

1^{er} traitement - 2^{ème} traitement – 3^{ème} traitement – 4^{ème} traitement – 5^{ème} traitement
(à entourer)

Contexte du client : histoire, problématique, ressentis-douleurs etc... (tout ce qui est nécessaire à la compréhension de son état physique, émotionnel)

This image shows a full page of a notebook or worksheet. It features approximately 20 horizontal rows of small, evenly spaced dots, designed to guide handwriting. The dots are arranged in straight lines across the width of the page, leaving a small margin at the top. The background is plain white.





This image shows a full page of white paper with horizontal dotted lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the page.

[illegible]