

Wu Hsing Tao S C H O O L

Confidential Recommendation Five Element ("5E") Acupuncture Practitioner Treatment Documentation

I, _____ consent to the release of confidential information by my
practitioner _____ to Wu Hsing Tao School ("WHTS")
as part of the application process.

(Name of Applicant)

(Name of Five Element acupuncturist)

(To be completed by the practitioner and mailed directly to: WHTS, 4000 NE 41st St., Bldg. D, Ste. 1, Seattle, WA 98105)

What 5E School did you graduate from? _____ What year? _____

Regarding the Applicant:

1. How long in treatment with you? _____
2. How often being treated? _____
3. What CF have you been treating on? _____
4. Describe the response to treatment:

5. How do you see the applicant's state of overall health?

6. Are there any health or personal issues that the school should be aware of that would negatively influence learning and performance?

7. Are you aware of any medications, if so, what are they?

8. Do you recommend that the applicant enroll in a 5E training program at WHTS (Please explain).

(Please use other side of this form if necessary)

Signed: _____ Dated: _____