



Therapist Name: \_\_\_\_\_

# Cupping/Gua Sha Massage Intake Form

**What is Cupping?** Massage cupping is a modified version of the common practice of cupping therapy, used in Traditional Chinese Medicine (TCM), and the results that this simple treatment produces are impressive. Through suction and negative pressure, massage cupping releases rigid soft tissue; drain excess fluids and toxins; loosen adhesions and lift connective tissue; and bring blood flow to stagnant skin and muscles. It is used to relieve back and neck pains, stiff muscle, anxiety, fatigue and migraines.

Client's Name: \_\_\_\_\_

Is this your first cupping session? \_\_\_\_\_

DOB/Age (MM/DD?YYYY) \_\_\_\_\_

What is your primary goal for today's session? \_\_\_\_\_

List any conventional or unconventional medications, herbs and therapies you are currently trying: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Medical Information

Please mark "C" next to current and "P" next to those you've had in the past

Broken Bone	Surgical Incision	Organ Failure	Insulin Monitor
Cancer	Varicose Veins	Pregnancy	Joint or Bone Replacement
Hernia	Dislocation	Hemphillia	Hearing Aid
Slipped Disc	Fever	Diabetes	Blood Thinner
Sunburn	Kidney Illness	High/Low Blood Pressure	
Ulcerated Skin	Cardiopathy	Pacemaker	o N/A

List any major illnesses \_\_\_\_\_

What age? \_\_\_\_\_

List any major broken bones \_\_\_\_\_

What age? \_\_\_\_\_

List any surgeries \_\_\_\_\_

What age? \_\_\_\_\_

List any major hospitalizations \_\_\_\_\_

What age? \_\_\_\_\_

Check all that apply today

Fever

Infection

Cold/Flu

Inflammation

Pregnant/trying

### By signing below, I agree that I have read and understand the following

**Cupping is not a substitute for medical care. If you are experiencing any medical problems and have not seen your medical doctor, I recommend you do so today.**

I understand that all treatments at this facility are therapeutic in nature, information has been provided to me about Cupping Therapy. I agree to communicate to the therapist any discomfort or draping issues during the session. It has been explained to me that there are contraindications for Cupping Therapy. I have fully disclosed all health factors to my therapist, including these not mentioned on my Health History Intake Form to avoid any complications. If I choose to experience these therapies during treatments, I understand the potential effects and after care recommendations. It has been explained to me that there is a possibility of discolorations that can occur from the release and clearing of stagnation and toxins from my body. I also understand that this reaction is not bruising, but due to cellular debris, pathogenic factors and toxins being drawn to the surface to be cleared away by my lymphatic and circulatory system. I further understand that the discolorations will dissipate from a few hours to as long as 2 weeks in some cases and in relation to my aftercare activities. I understand that the first time I experience Cupping; my body's immune system can temporarily react to this release as it might with flue-producing flu-like effects, water helps to dilute the intensity of the release. I agree to allow the Cupping Practitioner to perform Massage Cupping. I also agree that I have read, understand and will follow all the information provided and will not hold the practitioner/therapist responsible.

**Client's signature:**

**Date:**

**Therapist's signature:**

**Date:**

**CUPPING /Gua Sha Massage THERAPY**  
**TRADITIONAL CHINESE MEDICINE (TCM)**

**Client Name:**

**Date:**

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**Cupping Therapy**

This ancient therapy utilizes negative pressure, rather than tissue compression, for superior results in a wide array of bodywork techniques. Fire cupping therapy is a traditional, time-honored treatment that remains favored by millions of people worldwide because it is safe, comfortable and delivers remarkable results.

Massage Cupping and Gua Sha are therapeutic decompression techniques used by massage therapists, acupuncturists and body-workers for the relief of muscular pain, tension, and congestion. These techniques are used to draw out congested fluids and toxins to the surface tissue layers, allowing for fresh blood and lymph circulation. The resolution of stagnation and granulation in the tissues often brings an immediate relief from pain.

Massage Cupping uses negative pressure created within a specialized glass or rubber cup that is applied to the affected body part. The pressure can be deep to provide relief from tension, pain and injuries. Gentler pressure increases lymph flow, circulation and relaxation, and is excellent for facial treatments.

Gua Sha is similar to cupping in results, but a round-edged tool is used in strokes to pressure specific areas of muscle pain.

**Why Cupping or Gua Sha is so effective in bodywork?**

By creating suction and negative pressure, cupping therapy lifts connective tissue, releases, rigid tissue and loosens adhesions. Cupping pulls stagnation, waste, and toxins or SHA to the skin level where it can be easily flushed out by the lymphatic and circulatory system.

Cupping techniques bring blood flow and nutrition to stagnant areas. The pulling action engages the parasympathetic Nervous system, thus allowing deep relaxation throughout the entire body.

**What are the marks that can occur from cupping or Gua Sha?**

There is a possibility of discoloration that can occur from the release and clearing of stagnation and toxins from the body. The reaction is not bruising, but the metabolic waste, toxins, cellular debris, pathogenic factors and other stagnant material and toxins being drawn to the subcutaneous layers for dissipation by the circulatory system, that have been freed from the underlying tissue and brought to the surface where they can more easily be flushed away. These marks can last anywhere from a few hours to a week and are not tender to the touch.

**Suggested after care Recommendations:**

- Drink plenty of water, to help eliminate toxins out of the body. (Your body weight / ½). the first time you experience Cupping therapy, your body's immune system can temporarily react to this release as it might with the flu-producing flu-like effects such as nausea and headache. These symptoms will subside in time with rest and water. Water helps to dilute the intensity of the releases.
- Avoid exposure to cold, wet and/or windy weather conditions, hot/cold showers, baths, steam, saunas, hot tubs and aggressive exercise for 4-6 hours. Exposure to such extremes can produce undesirable effects and you should avoid such situations.
- Light stretching and range of motion exercises are beneficial.

## Contraindications:

1. Hemophilia or other bleeding/clotting disorders
2. Patients taking blood thinners . (People who are on blood thinners should not experience Massage Cupping/Gua Sha. If you start taking such medication please inform the therapist so your treatment plan can be adjusted.)
3. Weak patients or those who have been ill
4. Abdomen and lower back on pregnant women
5. Diabetics. Especially those with uncontrolled blood sugar as they may not be able to feel pain properly
6. Those who are unable to experience heat or pain properly
7. Those who have circulatory conditions
8. Cupping Therapy/Gua Sha modalities should not be combined with aggressive ex-foliation, be performed Within 4 hours of shaving, after sunburn or when I'm hungry or thirsty.
9. Those who are unsure if their condition is contraindicated should seek guidance from their primary care physician prior to receiving cupping therapy

## INFORMED CONSENT

I, \_\_\_\_\_ have read, understand all the cupping therapy/Gua Sha Therapy information and I agree to allow the Practitioner to perform Cupping/Gua Sha. I also agree that I have read, understand and will follow all of the information above for aftercare and will not hold the practitioner/therapist responsible.

I understand that bruising, discoloration and/or soreness will likely occur following this treatment and may take days or weeks to fully resolve. I further understand that the above-listed contraindications for cupping therapy/Gua Sha therapy and I have informed my therapist/physician of any and all medical conditions, even those not listed as contraindications. I further understand that there is a potential for burns and/or blisters due to the fire/heat aspect of the

treatment. This is a rare but not unexpected occurrence. \_

\_\_ Parent/Guardian/Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

**Client Signature:**

Date:

\_\_\_\_\_

**Therapist Signature**

Date:

\_\_\_\_\_