



Cupping 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

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: _____