Feel Better Remedial Massage

CUPPING THERAPY CONSENT FORM

Have you had cupping treatment before?	s 🗆 No
I (client's full name) Weight Normal practitioner has fully explained to me the cupping	declare that the cupping therapy therapy procedure, benefits, contraindications
and possible side effects. I have been made awar weeks.	
Signature	Date 2 , 9 , 24