## Feel Better Remedial Massage

## **CUPPING THERAPY CONSENT FORM**

Have you had cupping trea	tment before?	Yes	□ No			
1	-la: Hill	0.				
I (client's full name) Nic				eclare that the		
practitioner has fully expla	ned to me the cu	ipping thera	py procedu	ire, benefits,	contraindicat	tions
and possible side effects. I	have been made	aware that	cupping m	arks may last	between 1	to 3
weeks.			1.00		*	
1.						
Signature	ille	Date .	10	0/12	025	