Cupping & Gua Sha Consent

Informed consent for cupping therapy and Gua Sha treatments with bruising expectations

Client Information

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

MM / DD / YYYY

Treatment Details

Treatment(s) Requested *

- [ ] Dry Cupping (stationary)
- [ ] Sliding / Massage Cupping
- [ ] Fire Cupping
- [ ] Gua Sha

Treatment Areas *

- [ ] Upper Back / Shoulders
- [ ] Lower Back
- [ ] Neck
- [ ] Legs
- [ ] Arms
- [ ] Face (gentle cupping/Gua Sha)

Reason for Treatment *

Health Screening

Are you currently pregnant? *

- [ ] Yes
- [ ] No

Are you taking blood thinners? *

- [ ] Yes
- [ ] No

Do you have any of the following in the treatment area?

- [ ] Sunburn
- [ ] Open wounds or broken skin
- [ ] Active skin infection or rash
- [ ] Varicose veins
- [ ] None of the above

Do you have a bleeding disorder? *

- [ ] Yes
- [ ] No

Risks & Expectations

Important — Bruising is Expected:
Cupping and Gua Sha intentionally create marks on the skin. This is a normal part of the treatment.

What to Expect:
- Cupping marks appear as circular discolorations ranging from light pink to deep purple
- Gua Sha marks appear as red, streaky petechiae (small dots)
- Marks typically last 3-10 days depending on the individual and suction level
- Darker marks indicate more stagnation/tension in the area
- Marks are NOT injuries — they are a therapeutic response

Potential Risks:
- Bruising and skin discoloration (expected)
- Mild discomfort during treatment
- Blistering (rare, if suction is too strong)
- Lightheadedness
- Burns (rare, with fire cupping)
- Temporary worsening of symptoms

Aftercare:
- Keep cupped areas covered and warm for 24 hours
- Drink plenty of water after treatment
- Avoid cold exposure, swimming, and intense exercise for 24 hours
- Do not cup the same area until marks have fully faded

I understand that cupping and Gua Sha will leave visible marks (bruising, discoloration) that are a normal part of treatment and will fade in 3-10 days.

I understand cupping/Gua Sha will leave visible marks: _____

I have been informed of the risks and expected effects of cupping/Gua Sha therapy.

I understand the risks described above: _____

Treatment Notes
For office use only

	Date	Area	Cup Type	Duration
Entry 1				
Entry 2				
Entry 3				
Entry 4				
Entry 5				
Entry 6				

Consent & Signature

I consent to cupping and/or Gua Sha therapy as described. I understand that visible marks are expected and not an injury. I have disclosed all health conditions and release the practitioner from liability.

I confirm I have read and understood the above information and give my informed consent.

I have read and understand the above information: _____

Signature

Date

Print name

Date *

MM / DD / YYYY

This form was provided free by Consentify

Consentify turns forms like this one into digital consent your clients sign on their own phone by QR code — with automatic PDFs, contraindication flags, and encrypted storage. Free plan available at https://getconsentify.com.

Template only. Review with your own licensed professional or legal counsel before use; requirements vary by jurisdiction and by practice.