

## Cupping Therapy Consent & Release



**Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Expected Due Date:** \_\_\_\_\_ **Prenatal Care Provider:** \_\_\_\_\_

**Cupping Therapy** - Cupping is a therapeutic technique that comes from traditional Chinese medicine (TCM) and is believed to have numerous health benefits in addition to stimulating the flow of qi ("life force") within the body. This body treatment integrates well with massage therapy and involves applying a localized negative pressure (suction) to the skin using glass, plastic, or silicone cups at targeted areas of the body. Our massage therapist currently uses silicone cups. The intent of this therapy is to stimulate the function of the circulatory and lymphatic systems. It may also help to release congested tissues and loosen adhesions at superficial tissues of the body.

**Contraindications for Cupping Therapy** - You must inform your massage therapist if you have any of the following conditions which may make cupping contraindicated or may require your therapist to alter the treatment.

Bruises or hematomas	Sunburn or rash	Skin lesions
Open wounds, sores, or thinning skin	Acute skin condition	Inflammatory skin condition
Infection	Bruise easily	Blood clots
Hemophilia or other bleeding disorders	Cardiovascular disease	Peripheral vascular disease
Blood thinning medications	Phlebitis or varicose veins	Hypertension or hypotension
Edema or lymphedema	Neuropathy	Areas of herniation
Impaired sensation	Heat sensitivity	Pregnancy
Cancer (with or without treatment)	Autoimmune condition, or otherwise compromised immune system	Under the influence of drugs or alcohol

### Please Read Each Item Below:

- Information about massage cupping in general, techniques, potential benefits, effects, risks, after-care, recommendations, and possible alternative therapies have been explained to me and I understand this information.
- I understand that the vacuum formed by cupping may result in marks being left on my body.
- My therapist has informed me of the contraindications of cupping therapy, and I have provided my therapist with an accurate and complete medical history to rule out any contraindications to receiving this treatment.
- I agree to communicate to my therapist any physical discomfort experienced during the session.
- I have been given an opportunity to ask questions about cupping therapy and have had my questions answered to my satisfaction.
- I am not taking blood thinners, and I have no contraindications for cupping therapy.
- I release the massage therapist and business from all liability for any harm that may unintentionally result from this treatment.

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I further understand that massage and cupping therapy is not a substitute for a medical examination or treatment and that I should see a physician or other qualified health specialist for any mental or physical ailment of which I am aware. I understand that massage therapists do not diagnose illness or disease, and nothing said during the treatment should be construed as such. My consent is informed and voluntary and I understand that I may withdraw my consent at any time except for actions already taken.

**By signing this form, I agree with the statements on Oak Essentials Wellness' Cupping Therapy Consent & Release form and give my consent to proceed with cupping therapy.**

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_