

## **Cupping Release Form**

## **Cupping Contraindications**

Cupping therapy is not suitable for everyone. There are risks associated with performing cupping therapies on individuals with the following conditions

You must inform your massage therapist/practitioner if you have any of the following conditions which may make cupping contraindicated or may require your therapist/practitioner to alter the treatment.

- Bruises
- Pregnancy
- Diabetes
- Inflammatory skin conditions
- Open wounds, sores, or thinning skin
- Hypotension or Hypertension
- Cancer (with or without treatment)
- Varicose veins
- Under the influence of drugs or alcohol

- Blood clot(s)
- Cardiovascular disease
- Neuropathy
- Autoimmune condition (MS, Lupus, RA, etc.)
- Peripheral vascular disease
- Heat sensitivity
- Compromised immune system
- Edema or Lymphedema
- Blood thinning medications

## Clients Release

I,	titioner has discussed this
Please check the following that applies to you.	
$\square$ I understand the information contained on this form and confirm that I deconditions	o not have any of the above
☐ My condition(s) of make(s) cupping contraindicated. Given this knowledge I hereby give my for therapy and take full responsibility of any side effects or harm that may contherapy.	ull consent to receive cupping
I understand that I will be receiving cupping as an adjunct form of healthcare not meant to replace appropriate medical care. I understand the risks of bruis may occur directly or indirectly from cupping treatment. I release the massage business of any and all liability for any harm that may unintentionally occur	sing and muscle soreness that ge therapist/practitioner and
Signatura	Data