

# 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

## Client's Release

I, \_\_\_\_\_, have read and understand the aforementioned conditions which make cupping therapies contraindicated. The massage therapist/practitioner has discussed this information with me and provided opportunity for any questions. I have disclosed any and all health risk factors.

Please check the following that applies to you.

I understand the information contained on this form and confirm that I do not have any of the above conditions.

My condition(s) of \_\_\_\_\_ is/are listed above and therefore make(s) cupping contraindicated. Given this knowledge I hereby give my full consent to receive cupping therapy and take full responsibility of any side effects or harm that may come from my receiving cupping therapy.

I understand that I will be receiving cupping as an adjunct form of healthcare only and that this therapy is not meant to replace appropriate medical care. I understand the risks of bruising and muscle soreness that may occur directly or indirectly from cupping treatment. I release the massage therapist/practitioner and business of any and all liability for any harm that may unintentionally occur during my treatment(s).

Signature \_\_\_\_\_

Date \_\_\_\_\_