

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.)

Undate: 5/15/20

- Peripheral vascular disease
- Heat sensitivity
- Compromised immune system
- Edema or Lymphedema
- Blood thinning medications

<u>Client's Release</u>	
which make cupping therapies contraindicated.	have read and understand the aforementioned conditions The massage therapist/practitioner has discussed this r 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 thi conditions.	s form and confirm that I do not have any of the above
· / · · · ·	is/are listed above and therefore owledge I hereby give my full consent to receive cupping fects or harm that may come from my receiving cupping
meant to replace appropriate medical care. I und	In adjunct form of healthcare only and that this therapy is not derstand the risks of bruising and muscle soreness that may nt. I release the massage therapist/practitioner and business of ntionally occur during my treatment(s).
Signature	Date