



Cupping Therapy Client Release Form

- ☐ I understand that all treatments at this facility are therapeutic in nature. I agree to communicate to the therapist any physical discomfort or draping issues during the session.
- ☐ Information has been provided to me about Cupping Therapy. If I choose to experience these therapies during treatments, I understand the potential effects and after-care recommendations.
- ☐ It has been explained to me that there are contraindications for Cupping Therapy. I have fully disclosed all health factors to my therapist, including those not mentioned on my Health History Intake Form, to avoid any complications.
- ☐ It has been explained to me that there is the possibility of discolorations that can occur from the release and clearing of stagnation and toxins from my body.
- ☐ I also understand that this reaction is not bruising, but due to cellular debris, pathogenic factors and toxins begin drawn to the surface to be clear away by my circulatory systems.
- ☐ I further understand that the discolorations will dissipate from a few hours to as long as 2 weeks in some cases and in relation to my after-care activities.
- ☐ I understand that the first time I experience Cupping, my body's immune system can temporarily react to this release as it might with the flu-producing flu-like effects like nausea headache, aches, that will subside in time with rest and water. Water helps dilute the intensity of the release.
- ☐ I understand that Cupping Therapy modalities should not be combined with aggressive exfoliation, 4 hours after shaving, after sunburn, or when I'm hungry or thirsty.
- ☐ I understand that I should avoid caffeine, alcohol, sugary foods and drinks, dairy, and processed meats and I should consume an abundance of clean water.

I _____ agree to allow the Cupping Practitioner to perform Cupping. I also agree that I have read, understand, and will follow all of the information stated above and will not hold the practitioner responsible.

Signature of Client: _____

Date: _____