

## CUPPING THERAPY CLIENT RELEASE

- I understand that all treatments at this facility are therapeutic in nature. I agree to communicate to the therapist any physical discomfort.
- 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 therapists, 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 being drawn to the surface to be cleared 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 also understand that in some severe cases I may experience blisters which is extreme toxicity. This is unusual but can happen. You would treat as any other blister by allowing the blister to open on its own. Keep the affected area clean and dry as possible.
- 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, and general malaise, that will subside in time with rest and plenty of water. Water helps to dilute the intensity of toxic release. DRINK LOTS OF WATER WITHIN 24-48 HOURS AFTER CUPPING THERAPY!!!!
- I understand that Cupping Therapy modalities should not be combined with aggressive exfoliation, 4 hours after shaving, after sunburn, or when hungry or thirsty.
- I understand that I should avoid exposure to cold, wet, and/or windy weather conditions, hot shower or baths saunas hot tubs, and aggressive exercise for 4-6 hours. I understand that exposure to such extremes can produce undesirable effects and I should avoid such situations.
- I understand that I should avoid caffeine, alcohol, sugary foods and drinks, dairy and processed meats.

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

Date: \_\_\_\_\_

Signature: \_\_\_\_\_