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 re which make cupping therapies contraindicated. The mas information with me and provided opportunity for any que	
Please check the following that applies to you.	
$\hfill \square$ I understand the information contained on this form a conditions.	nd confirm that I do not have any of the above
☐ My condition(s) of	I hereby give my full consent to receive cupping
I understand that I will be receiving cupping as an adjunct meant to replace appropriate medical care. I understand occur directly or indirectly from cupping treatment. I release any and all liability for any harm that may unintentionally	I the risks of bruising and muscle soreness that may ase the massage therapist/practitioner and business of
Signature	Date