



Cupping Therapy Consent

I understand that **Cupping** therapy is for the purpose of stress reduction, relief from muscular tension or spasm or for increasing circulation and energy flow.

I understand that **Cupping** does not treat or diagnose physical or mental disorders.

I understand that **Cupping** may cause side effects, including bruising, pain or skin bleeding.

During **Cupping**, the cup gently sucks onto your skin and lifts underlying soft tissue into the cup.

Cupping helps blood flow and oxygenate the areas and reduce painful trigger points. It can also help promote mobility and range of motion.

After **Cupping**, your skin might have circular marks ranging in color from pink to deep red or purple. Discolorations from cupping will fade and can take up to 2 -3 weeks to fully disappear.

Cupping is contraindicated on open wounds, bone fractures, skin lesions, varicose veins, blood clots, inflammatory skin conditions and persons with diabetes.

I agree and understand what cupping is and its contraindications. I also agree that I do not have any of the conditions listed on this form.

I give Katy Carter, of Balanced Rock Therapeutic Massage permission to perform cupping with my massage(s).

Client Name: _____

Client Signature: _____

Date: _____