



## Cupping Therapy Consent Form

About Cupping: Cupping is a body treatment, which applies negative pressure on the skin using glass, plastic or silicone cups. The suction created stimulates and increases blood flow which can help relieve joint and muscle pain, reduce inflammation, accelerate recovery, increase the function of the lymphatic and circulatory system and increase overall relaxation and wellbeing. By creating suction, negative pressure cupping lifts and releases congested connective tissue, loosens adhesions and helps re-oxygenate old tissues that have been injured while increasing healthy circulation to the targeted area.

### Please Initial Beside the Statements Below to Verify Your Consent:

I understand that the vacuum formed by cupping may result in marks being left on my body.

I understand these marks should dissipate within a few hours to as long as two weeks.

I understand cupping marks may look similar to bruises or a rash.

I understand as cupping treatments continue; the discoloration of these marks will become less obvious.

I understand cupping marks should not be tender to touch and no pain should be felt.

I agree that all medical conditions and medications have been listed on my health history/intake form, specifically cardiovascular concerns ie. blood pressure/blood thinner medication, blood clots, heart disease, lymphedema etc.

I, consent to allow the cupping practitioner, NAOMI WHEATLEY RMT, to perform cupping therapy. I understand the benefits, side effects, contraindications and the possibility of cupping marks as part of Cupping Massage.

### PATIENT INFORMATION

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Client Name

Signature:

Date: