**Disclosure and Consent for Cupping and Gua Sha**

Your massage therapist utilizes every available means, including written and verbal intake, and visual and tactile clues in order to give a safe and effective treatment. Please alert your therapist to any questions, concerns or discomfort you may experience in order to aid in this mission.

Cupping and Gua Sha are therapeutic decompression techniques used by massage therapists, acupuncturists and bodyworkers for the relief of muscular pain, tension and congestion. These techniques are used to draw our congested fluids and toxins (synthetic or metabolic wastes) to the surface tissue layers, allowing fresh blood and lymph circulation. The resolution of stagnation and granulation in the tissues often bring an immediate relief from pain.

Cupping uses negative pressure created with a specialized glass, plastic or silicone cup that is applied to the affected body part. The pressure can be deep to provide relief from tension, pain and injuries. Gentler pressure increases lymphatic flow, circulation and relaxation, and is excellent for facial treatments. Gua Sha is similar to cupping in results, but a rounded-edged tool is used in strokes to pressure specific areas of muscle pain.

**There is a strong possibility of discoloration that can occur from the release and clearing of stagnation and toxins from the body. The reaction is not bruising, but the cellular debris, pathogenic factors and toxins being drawn to the subcutaneous layers for dissipation by the circulatory and lymph systems. The discoloration, or sha, will dissipate in as soon as a few hours or up to one week, and in relation to after-care activities.**

Cupping or Gua Sha should NOT be performed with any of the following conditions present, please communicate to your practitioner should any of these conditions be present for you:

* You are taking blood thinning medications, a bleeding disorder or bruise easily
* You have experienced a stroke or have a history of forming blood clot or aneurysm.
* You have cardiac failure, renal failure, ascites or severe edema
* Areas of recent injury
* Areas of skin conditions: sunburn, eczema, dermatitis, rashes, ulcerated skin, open wounds or skin that lacks integrity
* Areas that lack sensation or are numb
* Cold or flu-like symptoms, fever or dehydration
* You have low blood sugar/empty stomach
* You are currently under the influence of intoxicants or pain killers

If you are diabetic or pregnant, consult with your physician before starting cupping. After approval use light suction only.

**This treatment is not intended to diagnose, prevent, treat or cure any illness, metabolic disorder, disease or health problems. If ever in doubt, always check with your physician.**

**Post treatment:**

For the next 24-72 hours:

* Avoid exposure to extremes in temperature of hot or cold, including cold, wet/windy weather conditions, showers, baths, saunas, hot tubs
* Avoid alcohol and heavily caffeinated drinks
* Avoid overly salty, sugary and fatty foods
* It is important to drink plenty of water to stay hydrated
* Avoid vigorous exercise

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.

\_\_\_\_\_(initial)

If I choose to experience cupping therapy and/or Gua Sha during treatments, I understand the potential side effects and the after-care recommendations.

\_\_\_\_\_(initial)

I also agree that I have read, understand and will follow all the information stated above and will not hold the practitioner or facility responsible.

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

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a minor is receiving treatment:

Signature or Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_