BOTANICA
HERBAL CO.

HIJAMA CUPPING THERAPY CONSENT FORM

I agree to tell the therapist Lupita;

- Of any physical discomfort during the sessions.

- If you are taking any blood thinners (If you start taking such medication please inform the therpist so your treatment plan can be adjusted).

- If you are under the care of an acupuncturist (therapy could potentially interfere with acupuncture treatments, and should be avoided).

- If you are prone to bleeding, such as purpura haemorrhagica, leukemia, hemophilia, capillary fragility test positive, and so on.

- Report part of acute soft tissue injury, trauma, fractures, varicose veins, the projection of vessel surface, the site of fresh scarring.

- If you have extreme weakness and thinness, skin without flexibility should not be cupped.

- If you are intoxicated, hungry, agitated, or overtired.

- Report mental disorders, the period of phrenoplegia, manic unrest and tetanus, rabies and other convulsive diseases.

- Report maglignant tumors.

- Report severe edema, moderate or severe heart disease, heart condition, pacemaker, and active tuberculosis sufferers.

- If you have had aggressive exfoliation done, shaved, or waxed within 4 hours or have a sunburn.

- Those who are unsure if their condition is contraindicated should seek guidance from their primary care physician prior to recieving cupping therapy.

If I choose to experience this therapy in my treatment, I understand the effects and after-care recommendations. I am aware that the visible skin discoloration are NOT a bruise and that it will dissipate within a few hours to a few days. I have stated all relevant physical conditions, and will inform the therapist of any changes in my health.

Client signature _____ Date _____

Print name _____