CONSENT FOR CUPPING AND GUA SHA

Please read each section below, ask any questions, and initial each section to indicate your understanding of the information:

_____ **Cupping** is the application of round vacuum cups to enhance blood circulation to the designated area. Cupping may or may not produce markings, discoloration, and on rare occasion, a minor blister which may persist for up to a week. These marks are not indications of complications or injury.

_____ **Gua Sha** means “to scrape away disease”. It involves a scraping tool intended to result in red or discolored markings. In some instances clients experience temporary indentation or bumps of the skin after treatment. This instrument assisted press-stroking of the body may help restore circulation to the fascia and break up tension and tightness. It may also be used as a method of assessment.

I understand that it is not possible to anticipate all risks and complications. I understand and agree that the practitioner will exercise judgment during the course of treatment which they feel at the time, based on the facts known to them, is in the best interest of me as a client.

By signing below, I hereby state that I have read and understand this form, that I have been given an opportunity to ask questions, and I wish to proceed with Cupping and/or Gua Sha treatment. I understand that I am free to withdraw my consent to treatment, and/or stop treatment at any time.

_____ _____

Client Name Date

_____

Client Signature

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