



Massage Cupping Acknowledgement

Consent

I have chosen to receive Massage Cupping as part of a bodywork treatment. I understand the benefits can include the reduction of inflammation and increased localized circulation in specific areas including adhesions and scar tissues. I understand the cups used in this modality can leave circle shaped marks that vary in color from light to dark and resemble a bruise. They can last 1-7 days and are a sign of increased circulation in that area. Skin sensitivity and/or itching may occur and is also a result of increased circulation. I understand that I should avoid direct heat and cold applications to the treated areas for at least 24 hours.

CLIENT NAME _____ BIRTH DATE _____

SIGNATURE _____ DATE _____