



Fort Collins Lymph Drainage Therapy, Massage, & Energy Healing
Carol J. McDaniel, LMT, HTCP, CRMP and Lindsey Longaker, LMT
1113 Stoney Hill Drive, Suite A, Fort Collins, CO 80525
(970) 222-9421 www.FortCollinsLymph-Massage.com

Contraindications for Massage Cupping Therapy

I understand that the following conditions cannot be cupped and *I will circle and initial* all that currently apply to me:

- Broken or fractured bones, dislocations, hernias, slipped discs, organ failure, and those undergoing chemotherapy treatments.
- Sunburn, ruptured, ulcerated, inflamed skin, fever, convulsion or easy bleeding.
- Those on blood thinners, hemophiliacs and those with high or low blood pressure or diabetes must use light pressure when cupping. Low blood pressure clients must rest before rising off the table.
- Pregnancy – unless experienced at receiving massage cupping, wait until 2nd trimester.
- Liver or kidney functional illness, cardiopathy, 3D varicosities, systemic cancers or recent surgical incisions younger than 6 weeks old.
- Acute stages of Psoriasis, Eczema, Rosacea or outbreaks of hives, herpes or Shingles.
- If you have raised moles, skin tags, please inform the therapist if they are sensitive or need to be avoided.
- Implants such as pace makers or insulin monitors CANNOT receive magnetic cupping over these areas.
- Abdomen: mesh, staples, IUDs, ulcers – notify your therapist and these areas will be avoided.
- Any ferrous metal joint, bone replacements or plates CANNOT receive magnetic cupping over these areas (Ferrous metals have IRON in them. Non-ferrous metals may be Aluminum, Copper, Brass, Stainless Steel or Titanium).

LymphWorks - Cupping Therapy Client Release Form

- 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.
- Information has been provided to me about Cupping Therapy. If I choose to experience these therapies during treatments, ***I understand the potential effects and after-care recommendations.***
- It has been explained to me that there are ***contraindications*** for Cupping Therapy. I have fully disclosed all health factors to my therapist, including those not mentioned on my Health History Intake Form, to avoid any complications.
- It has been explained to me that there is the ***possibility of discolorations that can occur from the release and clearing of stagnation and toxins from my body.***
- I also understand that ***this reaction is not bruising, but due to cellular debris, pathogenic factors and toxins being drawn to the surface to be clear away by my circulatory systems.***
- I further understand that the ***discolorations will dissipate from a few hours to as long as 2 weeks*** in some cases and in relation to my after-care activities.
- I understand that the ***first time I experience Cupping, my body's immune system can temporarily react to this release as it might with the flu – producing flu-like effects like nausea, headache, aches, that will subside in time with rest and water.*** Water helps to dilute the intensity of the release.
- I understand that Cupping Therapy modalities ***should NOT be combined with aggressive exfoliation, 4 hrs after shaving, after sunburn or when I'm hungry or thirsty.***
- I understand that ***I should avoid exposure to cold, wet, and/or windy weather conditions, hot showers, baths, saunas, hot tubs and aggressive exercise for 4 - 6 hours.*** I understand that exposure to such extremes can produce undesirable effects and I should avoid such situations.
- I understand that ***I should avoid caffeine, alcohol, sugary foods and drinks, dairy and processed meats and I should consume an abundance of clean water.***

I _____ agree to allow the Cupping Practitioner to perform Cupping. I also agree that I have read, understand and will follow all of the information stated above and will not hold the practitioner responsible.

Date _____ Signature of Client _____

Print Name _____

Date _____ Signature of LymphWorks Practitioner _____

Print Name _____