Cupping Therapy Client Release Form

I understand that Cupping is therapeutic in nature. I agree to communicate to Dr. Douglas O. Nagel any physical discomfort during the sessions.

Information has been provided to me about Cupping Therapy. By electing to undergo this therapy 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 Dr. Douglas O. Nagel, including those not mentioned on my Patient History Intake Form, to avoid any complications. (NOTE: Cupping Therapy is NOT available for patients taking medically prescribed and/or natural non-prescriptive forms (supplements, essential oils, etc) of blood thinners.

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 cleared away by my circulatory systems.

I further understand that the mild to moderate 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 Therapy, 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 excessive or aggressive exercise, hot baths, hot tubs, sauna, steam room, sunbathing or tanning beds, and any treatment to expel or dissolve bowel or bladder contents for minimally 4 - 6 hours after treatment. I understand that exposure to these extreme activities can produce undesirable effects and I fully understand the importance of avoiding such situations.

I understand that I should avoid or limit my intake of alcohol, foods and drinks with excessive sugar, and excessively high sodium foods for 24 hrs. I should consume an abundance of water for 24 hrs. following the treatment.

I _____ agree to allow Dr. Douglas O. Nagel to perform Cupping Therapy. I also agree that I have read, fully understand, and will follow ALL of the information stated above and will not hold the practitioner responsible.

Signature of Client _____ Date _____

Print Name _____

Signature of Physician _____ Date _____

Signature of Witness _____ Date _____

Print Name Debbie L. Scrivner – Office Manager