



ashtonhealth
A NEW PARADIGM IN ORTHOPEDIC CARE

CUPPING/GUA-SHA (GRASTON):

I give the Medical Massage Practitioner consent to perform cupping and that I understand that cupping may be indicated for treatment and improve my health/condition. I also understand that cupping can leave mark(s)/discoloration to the skin for either days or up to 3-4 weeks depending on the person's immune system or injury being treated and that this is completely normal. I understand to drink plenty of fluids after a cupping session and pending the area treated, it may be best to not "shower" for up to 4 hours following treatment.

Name _____ Date: _____

Siganture _____

ROCK TAPE:

I give the Medical Massage Practitioner to apply Rock Tape if and when needed to receive full medical benefit per my injury or condition. I am aware of: keep tape on for 3+ days at minimum to receive full benefit. If the tape starts to unravel, I can trim around the edges to avoid removing the tape. I understand that if the tape causes skin discoloration, skin itching, or blisters as a reaction, I am responsible to remove it immediately. I am aware that I can wear the tape for: bathing, sleeping, exercise, hot tub, and in swimming pools. I am also aware that there may be a small additional charge for taping, pending the location and the amount needed to be used.

Name _____ Date: _____

Siganture _____