Patient Questionnaire and Informed Consent for Soft Tissue Services (IASTM and cupping.)

Printed Patient Name: _____ Date: _____

Please answer the following questions by circling **Yes or No.** If you have any questions, please speak with your healthcare provider.

1.	Do you bruise easily?	Yes	No
2.	Do you bleed for a long period of time after you cut yourself?	Yes	No
3.	Are you taking any blood thinners or anticoagulants?	Yes	No
4.	Do you take aspirin on a regular basis?	Yes	No
5.	Do you take cortisone on a regular basis?	Yes	No
6.	Have you ever had inflamed veins or blood clots?	Yes	No
7.	Do you have surgical implants in your body?	Yes	No
8.	Do you have diabetes or kidney disease?	Yes	No
9.	Do you currently have any infections?	Yes	No
10.	Do you have uncontrolled high blood pressure?	Yes	No
11.	11. Have you suffered from a stroke before? Yes		No

- Instrument Assisted Soft Tissue Mobilization (IASTM) is an instrument-assisted variation of traditional cross fiber or transverse friction massage. The instruments consist of stainless-steel instruments, varying in size and shapes. Using these tools is a form of treatment used to "break-up" or "soften" scar tissue, thus allowing for more return of normal function in the area being treated.

- Myofascial Cupping Therapy is the concept of skin/fascial decompression to help improve tissue mobility which helps improve movement and pain modulation. The soft tissue is suctioned inside the cups, allowing for fluid movement and nutrient supply to the tissues. Cupping improves circulation and aids in draining lymph fluid. These techniques may produce the following:

- 1. Local discomfort during the treatment
- 2. Reddening of the skin
- 3. Superficial Tissue bruising. Cupping produces red or purple circular marks that may last up to 7-14 days
- 4. Post treatment soreness

In accordance to cupping, avoiding exposure to hot showers, baths, or saunas, hot tubs, and aggressive exercise for at least 24 hours to allow time for cupping to release or settle.

The techniques being used are designed to minimize discomfort; however, the above reactions are normal, and in some instances desirable and unavoidable. All components of IASTM and cupping have been explained to me and I understand the risks of the procedures and I give my full consent for the treatment.

Signature of Patient or Parent/Legal Guardian:	Date:
Printed Name of Patient or Parent/Legal Guardian:	Relationship:
Signature of Provider:	Date:

