



FITNESS EXPERTISE
ASSOCIATION

Empowering Trainers, Transforming Lives



Official Client Assessment and Consent Form for Cupping and Blading

This form is an official document of the Fitness Expertise Association (FEA). It may only be used and administered by FEA-certified practitioners.

Client Information

Full Name: _____ Age: _____ Sex: _____
Contact Number: _____
Emergency Contact: (Name and Contact No.) _____

Medical History and Health Assessment

(Please check ✓ if applicable)

- ☐ Skin Conditions (eczema, psoriasis, infections, wounds, burns)
- ☐ Varicose Veins or Blood Clotting Disorders
- ☐ Cardiovascular Conditions (heart disease, hypertension, stroke history)
- ☐ Bleeding disorders or currently taking blood-thinning medication
- ☐ Diabetes
- ☐ Epilepsy or seizures
- ☐ Pregnancy
- ☐ Recent Surgery or injury (within 6 months)
- ☐ Other Medical Conditions: _____

Lifestyle Information:

Are you currently experiencing pain, soreness, or tension? If yes, please specify:

Have you received cupping or IASTM (blading) therapy before?

- ☐ Yes
- ☐ No

Consent and Acknowledgment

I, _____ (client's name), understand that:

1. Cupping and blading (IASTM) are therapeutic techniques intended to improve blood circulation, mobility, and recovery.
2. Possible temporary side effects include redness, circular marks, mild bruising, or soreness in treated areas.
3. These procedures are **not a substitute for medical treatment** and should not be performed if contraindications are present.
4. It is my responsibility to disclose any medical conditions, medications, or symptoms to the practitioner.
5. I have had the opportunity to ask questions and all have been answered to my satisfaction.

By signing this form, I voluntarily give my consent to undergo cupping and/or blading therapy.

Client's Signature: _____ Date: _____

Practitioner's Name & Signature: _____ Date: _____

