

Hot Stone Massage Consent Form

Precautions and Contraindications:

A Hot Stone Massage is not suitable for everyone. Please inform your massage therapist/practitioner if you have any of the following conditions, which may make Hot Stone Massage contraindicated or require your therapist/practitioner to alter the Massage:

- | | |
|---|--|
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Peripheral vascular disease |
| <input type="checkbox"/> Blood clot(s) | <input type="checkbox"/> Hypotension or Hypertension |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cancer (with or without treatment) |
| <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Compromised immune system |
| <input type="checkbox"/> Inflammatory skin conditions | <input type="checkbox"/> Edema or Lymphedema |
| <input type="checkbox"/> Heat sensitivity | <input type="checkbox"/> Cardiovascular disease |
| <input type="checkbox"/> Open wounds or sores | <input type="checkbox"/> Under the influence of drugs or alcohol |
| <input type="checkbox"/> Varicose veins | |

Client's Release

I, _____, have read and understand the aforementioned conditions that make Hot Stone Massage contraindicated. The massage therapist/practitioner has discussed this information with me and provided an opportunity for any questions. I have disclosed all health risk factors.

My condition(s) of _____ is/are listed above and therefore make(s) Hot Stone Massage contraindicated. Given this knowledge, I hereby give my full consent to receive a Hot Stone Massage and take full responsibility for any side effects that may result from my receiving a Hot Stone Massage.

I understand that I will be receiving a Hot Stone Massage as an adjunct form of healthcare only and that this therapy is not meant to replace appropriate medical care. I release the massage therapist/practitioner of all liability for any harm that may unintentionally occur during my treatment(s).

Client Signature _____ Date _____

Note - We cannot evaluate your medical conditions, medications, allergies, or surgeries with regards to the safety of Hot Stone Therapy. If you have any questions about the status of your health, please consult your physician before engaging in any service.

This form accompanies the Massage Therapy Intake and Consent Form