

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"/> Varicose Veins |
| <input type="checkbox"/> Blood Clot(s) | <input type="checkbox"/> Peripheral Vascular Disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hypotension or Hypertension |
| <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Cancer (with or without treatment) |
| <input type="checkbox"/> Inflammatory Skin Conditions | <input type="checkbox"/> Compromised Immune System |
| <input type="checkbox"/> Heat Sensitivity | <input type="checkbox"/> Edema or Lymphedema |
| <input type="checkbox"/> Open Wounds or Sores | <input type="checkbox"/> Cardiovascular Disease |
| | <input type="checkbox"/> Under the Influence of Drugs or Alcohol |

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) checked in the list above 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