

Hot Stone Massage Release Form

Hot Stone Massage Contraindications

Hot stone massage is not suitable for everyone.

There are risks associated with performing hot stone massage on individuals with the following conditions.

You must inform your massage therapist/practitioner if you have any of the following conditions which may make hot stone massage contraindicated or may require your therapist/practitioner to alter the massage.

- | | |
|---|--|
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Hypotension or Hypertension |
| <input type="checkbox"/> Blood clot(s) | <input type="checkbox"/> Heat sensitivity |
| <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"/> Varicose veins |
| <input type="checkbox"/> Autoimmune condition (MS, Lupus, RA, etc.) | <input type="checkbox"/> Edema or Lymphedema |
| <input type="checkbox"/> Open wounds or sores | <input type="checkbox"/> Under the influence of drugs or alcohol |
| <input type="checkbox"/> Peripheral vascular disease | <input type="checkbox"/> Cardiovascular disease |

Client's Release

I, _____, have read and understand the aforementioned conditions, which make hot stone massage contraindicated.

The massage therapist/practitioner has discussed this information with me and factors.

Please check the following that applies to you.

I understand the information contained on this form and confirm that I do not have any of the above conditions.

My condition(s) of _____ is/are listed above and therefore make(s) hot stone massage contraindicated. Given this

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knowledge I hereby give my full consent to receive hot stone massage and take full responsibility of any side effects or harm that may come from my receiving hot stone massage.

Please check the following

I understand that I will be receiving 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 any and all liability for any harm that may unintentionally occur during my treatment(s).

Signature _____ Date _____