

Hot Stone Massage Consent



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.

• Pregnancy • Blood clot(s) • Diabetes • Neuropathy • Inflammatory skin conditions • Autoimmune condition (MS, Lupus, RA, etc.) • Open wounds or sores • Peripheral vascular disease • Hypotension or Hypertension • Heat sensitivity • Cancer (with or without treatment) • Compromised immune system • Varicose veins • Edema or Lymphedema • Under the influence of drugs or alcohol • 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 provided opportunity for any questions. I have disclosed any and all health risk 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 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. 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 _____