

# Hot Stone Massage - Consent and Release Form

## About Hot Stone Massage

Hot stone massage is a type of massage therapy that uses smooth, heated stones to provide a relaxing and warming effect to a therapeutic massage. The therapist will typically hold a heated stone in each hand while applying various massage techniques such as long gliding strokes, vibration, friction, deep tissue techniques, or trigger point therapy. Using the heated stones as a tool in this way enables the client to benefit from the physiological effects of pressure and heat.

## Contraindications for Hot Stone Massage

In addition to the standard contraindications for massage, hot stone massage has additional contraindications and precautions. The following is a *partial* list of common conditions which are considered contraindications or precautions for hot stone massage:

- Blood clots
- Phlebitis / varicose veins
- Impaired sensation
- Injured areas
- Infections
- Neuropathy
- Sunburn / rash
- Acute injuries
- Edema / Lymphedema

## Please Read and Initial Each Item Below

- \_\_\_\_\_ Information about hot stone massage, potential benefits, effects, risks, and possible alternative therapies have been explained to me and I understand this information.
- \_\_\_\_\_ My therapist has informed me of the contraindications of hot stone massage, and I have provided my therapist with an accurate and complete medical history to rule out any contraindications to receiving this treatment.
- \_\_\_\_\_ I understand that the temperature of the stones should always be within my comfort level, and I agree to communicate to my therapist about any physical discomfort that I experience during the session.
- \_\_\_\_\_ I have been given an opportunity to ask questions about hot stone massage and have had my questions answered to my satisfaction.
- \_\_\_\_\_ I have no contraindications for hot stone massage.
- \_\_\_\_\_ I release the massage therapist and business from all liability for any harm that may unintentionally result from this treatment.

I further understand that hot stone massage is not a substitute for a medical examination or treatment and that I should see a physician or other qualified health specialist for any mental or physical ailment of which I am aware. I understand that massage therapists do not diagnose illness or disease, and nothing said during the treatment should be construed as such. My consent is informed and voluntary, and I understand that I may withdraw my consent at any time except for actions already taken.

**By signing this form, I agree with the statements above and give my consent to proceed with hot stone massage.**

\_\_\_\_\_  
 Client Name (Please Print)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Client Signature