



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:

- 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 an opportunity for any questions. I have disclosed 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 all liability for any harm that may unintentionally occur during my treatment(s).

Signature _____ Date _____