



## HOT STONE MASSAGE RELEASE FORM

### Hot Stone Massage Contraindications

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
- Diabetes
- Inflammatory skin conditions
- Open wounds or sores
- Hypotension or hypertension
- Cancer (with or without treatment)
- Varicose veins
- Under the influence of drugs or alcohol
- Blood clot(s)
- Neuropathy
- Autoimmune condition (MS, Lupus, RA, etc.)
- Peripheral vascular disease
- Heat sensitivity
- Compromised immune system
- Edema or Lymphedema
- Cardiovascular disease

### Clients 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, GRE Massage Therapy and EKG Wellness Services LLC of any and all liability for any harm that may unintentionally occur during my treatments.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_