

Hot Stone Massage - Consent and Release Form

Jules Massage Therapy, LLC

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 clot	Hematoma	Cancer	Neuropathy	Sunburn / rash	High/low blood pressure	Autoimmune conditions
Diabetes	Pregnancy		Heat sensitivity		Bleeding disorder	Edema / lymphedema
Injured areas	Infections		Impaired sensation		Certain medications	Skin lesions or open wounds
			Cardiovascular disease		Phlebitis / varicose veins	Acute injuries or conditions

Please Read and Initial Each Item Below

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.

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 release the massage therapist and business from all liability for any harm that may unintentionally result from this treatment.

I understand that the temperature of the stones should always

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.

_____/_____/_____ Date

_____ Client

Name (Please Print)

_____ Client

Signature