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

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 Pure Rose Bodywork, LLC 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)_____

Client Signature_____

Date_____/_____/_____