

**Just For You**  
**Salon and Day Spa LLC**  
**Hot Stone Massage**  
**Consultation Form**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Birthday \_\_\_\_\_

Occupation \_\_\_\_\_

**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.

- |  |   |
|--|---|
| <input type="checkbox"/> Pregnancy                               | <input type="checkbox"/> Blood clot(s)                              |
| <input type="checkbox"/> Diabetes                                | <input type="checkbox"/> Neuropathy                                 |
| <input type="checkbox"/> Inflammatory skin conditions            | <input type="checkbox"/> Autoimmune condition (MS, Lupus, RA, etc.) |
| <input type="checkbox"/> Open wounds or sores                    | <input type="checkbox"/> Peripheral vascular disease                |
| <input type="checkbox"/> Hypotension or Hypertension             | <input type="checkbox"/> Heat sensitivity                           |
| <input type="checkbox"/> Cancer (with or without treatment)      | <input type="checkbox"/> Compromised immune system                  |
| <input type="checkbox"/> Varicose veins                          | <input type="checkbox"/> Edema or Lymphedema                        |
| <input type="checkbox"/> Under the influence of drugs or alcohol | <input type="checkbox"/> 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 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 JUST FOR YOU SALON AND DAY SPA AND the massage therapist/practitioner of any and all liability for any harm that may unintentionally occur during my treatment(s).

Signature \_\_\_\_\_

Date \_\_\_\_\_