



Purity Health & Wellness Inc.

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 if you have any of the following conditions which may make the hot stone contraindicated or may require your therapist 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 conditions (MS, Lupus, RA) |
| <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 (Type: _____) | <input type="checkbox"/> Compromised immune system |
| <input type="checkbox"/> Varicose vein | <input type="checkbox"/> Edema or Lymphedema |
| <input type="checkbox"/> Allergies or sensitivities | <input type="checkbox"/> Cardiovascular disease |
- what? _____

I, _____, have read and understand the conditions which make hot stone massage contraindicated. The massage therapist 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 alternate form of healthcare only and that this therapy is not meant to replace appropriate medical care. I release the massage therapist of any and all liability for any harm that may unintentionally occur during my treatment(s).

Signature _____ Date _____