

## **Hot Stone Massage and Hydrotherapy (hot tub/spa) Release Form**

### **Hot Stone Massage and Hydrotherapy Contraindications**

Hot stone massage and hydrotherapy is not suitable for everyone. There are risks associated with performing hot stone massage and using a hot tub/spa 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 or hot tub/spa use contraindicated or may require your therapist/practitioner to alter the massage or hydrotherapy treatment.

This list includes but is not limited to:

pregnancy  
diabetes  
inflammatory skin conditions  
open wounds or sores  
hypotension/hypertension  
cancer (with or without treatment)  
varicose veins  
under the influence of drugs (prescription or otherwise)  
under the influence of alcohol  
blood clots  
neuropathy  
autoimmune conditions (MS, Lupus, RA, MD, Parkinsons, etc.)  
peripheral vascular disease  
heat sensitivity  
compromised immune system  
edema or lymphedema  
cardiovascular disease

### **Client's Release**

I, \_\_\_\_\_, have read and understand the aforementioned conditions which make receiving hot stone massage or hot tub/spa therapy contraindicated. The Beau Miakinkoff, LMT at White Dragon Therapies has discussed this information with me and provided opportunity for any questions. I have disclosed any and all health risk factors to her in my initial health history intake forms.

Please complete the back of this form

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 or any condition that may be contraindicated for me to receive hot stone massage or hot tub/spa therapy.

My condition(s) of \_\_\_\_\_ is/are listed above and therefore make(s) hot stone massage and hot tub/spa therapy contraindicated. Given this knowledge, I hereby give my full consent to receive hot stone massage and/or hot tub/spa therapy and take full responsibility of any side effects or harm that may come from my receiving hot stone massage and/or hot tub/spa therapy.

I understand that I will be receiving hot stone massage and/or hot tub/spa therapy as an adjunct form of health care only and that this therapy is not meant to replace appropriate medical care. I release Beau Miakinkoff, LMT at White Dragon Therapies of any and all liability for any harm that may unintentionally occur during my treatment(s).

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of Client Signature: \_\_\_\_\_

Therapist/Practitioner Name: Beau Miakinkoff, LMT  
OR Lic # 12878

Therapist/Practitioner Signature \_\_\_\_\_ Date: \_\_\_\_\_