

Hot Stone Massage Consent Form

Client Information

Name:

Date:

Phone Number:

Email:

Health Information

Do you have any of the following? If yes, please specify.

- ☐ Diabetes
- ☐ Skin Conditions
- ☐ Poor Circulation
- ☐ Recent Surgery
- ☐ Pregnancy
- ☐ Blood Clots
- ☐ Varicose Veins
- ☐ Other

If any, please provide details:

Consent & Acknowledgement

- ☐ I understand the nature of Hot Stone Massage and the risks involved.
- ☐ I agree to inform the therapist of any discomfort during the session.
- ☐ I confirm that the above information is accurate to the best of my knowledge.

Additional Notes:

Client Signature:

Date:

Therapist Signature:

Date: