Aches*Away*tm
massage specialists

CLIENT INFORMATION - HOT STONE THERAPY RELEASE FORM

Personal Information

Name: _____ Date: _____ Date of Birth: _____
Address: _____ City: _____ State ____ Zip _____
Phone: _____ Occupation: _____ Email: _____
How did you hear about us? *(online search, gift certificate, social media, name of referrer - so we can thank them, other?)*
_____

Health History

Please list any conditions that you have or are being treated for:

___Allergy to Latex
___Uncontrolled blood pressure
___Controlled High Blood Pressure
___Skin Sensitivity
___Dizziness/Vertigo
___TMJ Dysfunction
___Arthritis
___Bunions
___Chronic Muscle Pain
___Acute Muscle Pain/Spasm
___Spinal Subluxation (chiropractic)
___Allergic to Perfumes
___Cancer
___Heart Disease
___Sinusitis
___Tinnitus (ringing in the ears)
___Migraines
___Tendonitis
___Neurological Disorder (specify)
___Fibromyalgia
___Anatomically Short Leg
___Fused Vertebrae (specify)
___Other (please specify) _____

List any musculoskeletal surgeries and severe injuries you have had: _____

List any other surgeries and severe injuries you have had: _____

List all medications you are currently taking and what you are taking them for: _____

_____

Hot Stone Contraindications

Please indicate if any items apply to you:

___History of blood clots
___Currently or Recently Pregnant
___Heat sensitivity
___Bleeding disorder
___Edema/lymphedema
___Diabetes
___Skin easily bruises
___Impaired sensation of skin
___Phlebitis/varicose veins
___Skin lesions or open wounds

***Those who are unsure if their condition is contraindicated should seek guidance from their primary care physician prior to receiving hot stone therapy.**

Why are you here for hot stone therapy today?

___Just to relax
___Referral from a friend
___Injury Prevention (Increase range of motion, joint mobility)
___Chronic or Acute Pain/Spasms
___Doctor or Chiropractic Referral
___Other? _____

What areas of your body need specific attention? _____

What did you like or dislike about previous massages? _____

Are you comfortable letting your therapist know if you have concerns about pressure, temperature or anything else during your session? ____

Do you have any specific requests for our session? (ex. Music, temp, etc.) _____

Please take a moment to carefully read the following information and sign where indicated:

Hot stone massage is a type of 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.

I confirm that:

- *I have provided my therapist with accurate and complete information that will be used to rule out any contraindications to receiving this treatment.*
- *I understand that the temperature of the stones should be within my comfort level, and I agree to communicate to my therapist about any physical discomfort that I experience during the session.*

Massage/bodywork is not a substitute for medical examinations, diagnosis, or treatments. I should see a physician for any physical or mental ailment. Massage therapists are not qualified to diagnose, prescribe, or treat any physical or mental illness, and nothing said in the session(s) should be construed as such. I have stated all known medical conditions. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I forget to do so.

Aches Away may request credit card information to hold appointments in situations where clients have missed appointments and do not call to cancel before 24 hours,

Signed: _____