



**Comfort Zone Massage, LLC**  
Client Health History and Consent Form

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during my session[s], I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical condition, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the practitioner updates as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. **I acknowledge that this information I confidential, and that no personal data shall be released to anyone without my expressed permission [following the laws of confidentiality].**

**Disclosures:**

While we are aware that emergencies occur, please know that your appointment covers a 60-minute time slot in our book. Your consideration in letting us know ahead of time of any problem will allow us to schedule another person. Thank you.

**Cancellation Policy:** Please give us 12-hours notice if you need to cancel or reschedule.

**Lateness Policy:** If you are late for your appointment, we may need to shorten your session or reschedule your appointment so that we can stay on time for others. If we are late, you will receive your full time.

**No Show Policy:** First time we will attempt to work with you. The second time, you will be asked to pay 50% of the session. Any time thereafter, you will be billed at the full price of the session.

**Hot Stone Massage Informed Consent [Condensed Version]**

I hereby request and consent to the performance of hot stone massage on me [or the client named below, for whom I am legally responsible] by any Comfort Zone massage therapist. I understand that hot stone massage involve heating stones, then using those stones during the course of massage, either by the massage therapist placing those stone on me to warm and relax muscles, or by the massage therapist holding those stones in their hands and then massaging me with those stones. I understand that:

1. Hot stone massage is a **generally safe method of massage**, but that it may have some side effects, including burns or related scarring as a result of the contact of the hot stones with my skin.
2. A variety of **medical conditions** which I might have, and which my therapist has neither the training, nor the legal right to interpret, could increase the risk of burns for me.
3. The **sensitivity of my skin type** may also impact the risk associated with burns and scarring.
4. Certain **medications** make a person more sensitive to heat exposure.

**I understand that a full disclosure document is available to me** and that it describes the major risks of hot stone massage, other side effects and risks that may occur. I do not expect the massage therapist to be able to anticipate and explain all possible risks and complications of hot stone massage. I wish to rely on the massage therapist to exercise judgment during the course of the hot stone massage, which at the time, based upon the facts then known, is in my best interest. I understand that the results are not guaranteed.

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

Practitioner Signature \_\_\_\_\_ Date \_\_\_\_\_

Consent to Treatment of Minor: By my signature below, I hereby authorize \_\_\_\_\_ to administer massage, bodywork or somatic therapy techniques to my child or dependent as they deem necessary.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_