



Application Addendum - Stone Massage

Training and Use of Stone Massage (Type or print in black ink.)

1. Full Name: _____
2. Have you met all requirements for massage therapists to provide stone massage in your state? Yes No
If YES, please provide details of your training below (attach additional sheets if necessary).

- | Institution Providing Stone Massage Training | Classroom Hours | Clinical Hours | Date Completed |
|--|-----------------|----------------|----------------|
| | | | |
3. Indicate how you obtain your stones (Check all that apply): Through a distributor Through a spa I find them myself
4. Do you always sanitize stones prior to use with a client? Yes No
5. Do you use any stones for rubbing the skin that do not have a smooth, non-abrasive surface? Yes No
If YES, please describe: _____
6. Do you ever heat stones prior to using them with a client? Yes No If NO, skip to "Signatures" section of this Addendum
7. Prior to using hot stone massage do you always obtain a signed informed consent from the client? Yes No If YES, attach copy
8. Prior to using hot stone massage do you always make a Fitzpatrick Scale assessment of the client's skin type? Yes No
If YES, do you always warn clients with Skin Type I of the sensitivity of their skin to burns? Yes No
If YES, do you always warn clients with Skin Types VI of the sensitivity of their skin to scarring? Yes No
9. Prior to using hot stone massage do you always screen clients for diabetes? Yes No
If YES, do you ever use hot stone massage with a client identified as diabetic? Yes No
If You Use Hot Stones with Diabetic Clients, indicate how your hot stone protocol is modified for such clients:

10. Prior to using hot stones do you always ask your client if they take medication that increases their sensitivity to heat? Yes No
11. Indicate how you heat stones: Using a "Spa Pro" Massage Stone Heater Other: _____
12. Do you ever expose stones to very hot water (above 150°F), to quickly heat them? Yes No If YES, how hot? _____
13. What temperature range are the hot massage stones when you use them? _____ How do you measure this? _____
14. What do you do when a stone you plan to use is too hot? _____
15. Do you ever use hot stones by placing and leaving the stones on the client for some period of time? Yes No
If YES, Are you always physically present in the room during the time that hot stones are on the client? Yes No
If YES, Is there always some cloth or other material separating the hot stone from the client? Yes No
16. Do you always instruct the client to immediately alert you if they sense that the stones are too hot? Yes No

Signatures (Sign and Date where indicated)

NO FALSE STATEMENTS: I hereby declare that the above statements are true and that I have not suppressed or misstated any facts and I agree that this declaration shall be a basis of the contract and form a part of my malpractice insurance policy. I understand that untrue statements could void my stone massage endorsement and / or my insurance policy.

HOT STONE MASSAGE CONSENT: I understand that as a condition of coverage for hot stone massage, I must obtain a signed informed consent from the client, warning of the risks of burns associated with hot stone massage, prior to conducting hot stone massage with that client. I understand that there will be no coverage for hot stone massage for a client unless the required signed informed consent has been obtained prior to conducting hot stone massage with that client.

Sign here: _____ Date: _____