

Consent for Assessment and Treatment of Sensitive Areas

I, _____ (name), have requested an assessment and/or treatment by my Registered Massage Therapist (RMT), _____ (name) for therapy of the clinically relevant areas indicated below (please initial)

____ Buttocks (gluteal muscles)

____ Chest wall (pectoralis muscles)

____ Upper inner thigh (groin area)

____ Breast (s)

My RMT has explained to me and I fully understand:

- The nature of the assessment/treatment, including the clinical reason(s) for the assessment/treatment of the above area(s) and the draping methods to be used.
- The expected benefits of treating the area(s)
- The potential side effects of treating the area(s)
- The potential risks of treating the area(s)
- That consent is voluntary
- That I can withdraw or alter my consent at any time.

I consent, by initialing the above areas in my RMT's treatment notes, that I am aware that the treatment of the above indicated area(s) are a part of a treatment plan which has been discussed with me by my RMT.

I voluntarily give my informed consent for the assessment and/or treatment as discussed and outlined above.

Client Name (print): _____

Client Signature: _____ DATE: _____