



## Consent for Assessment & Treatment of Sensitive Areas

Would you like to sign this form at every visit? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you like to sign this form once a year? Yes \_\_\_\_\_ No \_\_\_\_\_

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

I, \_\_\_\_\_ (name), have requested assessment/or treatment by this Registered Massage Therapist (RMT) \_\_\_\_\_ (name) for treatment of the clinically relevant areas indicated below (please initial):

\_\_\_ Buttocks (gluteal muscles)

\_\_\_ Chest Wall Muscles

\_\_\_ Upper Inner Thigh(s)

\_\_\_ Breast(s) (RMT has discussed if areola will be included and why)

The RMT has explained the following to me and I fully understand the proposed assessment/or treatment:

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

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

Client Name (print): \_\_\_\_\_

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

### Ongoing Treatment:

I am aware that the treatment of the above indicated area(s) is part of a treatment plan which has been discussed with me by my RMT. I confirm that, on the following date(s), the RMT has reviewed the treatment plan and I provide my informed consent.

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

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

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

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