

INFORMED CONSENT FOR ASSESSMENT AND TREATMENT OF SENSITIVE AREAS

PLEASE READ CAREFULLY

I, _____ (name), have requested assessment and/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)

The RMT has explained the following to me and I fully understand the proposed assessment and/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.

Patient/Guardian Signature

Patient Name (print)

Date

Witness Signature

Witness Name (print)