

## CONSENT FOR TREATMENT OF SENSITIVE AREAS

I understand that by signing this form that I am choosing to proceed with the treatment and/or treatment plan proposed at this time. I understand that I may change my mind, alter, or refuse treatment at any time during this or any other treatment. This completed form will be kept in my client file held by

\_\_\_\_\_ RMT.

### PLEASE READ & SIGN

I have been informed of and understand the reason(s) for receiving massage to my:

\_\_\_\_\_Breast tissue

Regarding massage of my breast(s), I understand that the nipples and/or areolas of my breasts will not be touched during the breast massage. Also, I have been informed of the clinical indicators for breast massage that relate to my situation:

DX: \_\_\_\_\_ (CMTO Standards of Practice).

\_\_\_\_\_Chest wall muscles

\_\_\_\_\_Inner thigh(s)

\_\_\_\_\_Buttock(s) (gluteal muscles)

by \_\_\_\_\_, RMT.  
Registration # \_\_\_\_\_.

For any of the above areas, I have been informed of the reasons, the benefits, risks and side effects, and the proposed draping (covering). In addition, I have had all of my questions regarding this treatment answered by the massage therapist.

I understand that I can alter or rescind my consent at any time during this or any treatment.

At this time, I am voluntarily giving my consent for the treatment and/or treatment plan as discussed with me.

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature: \_\_\_\_\_