

### **Written Consent for the Treatment of Sensitive Areas**

*When the treatment of sensitive areas is indicated during the course a massage therapy treatment and/or treatment plan, it is important that you, the client, fully understand the nature and purpose of this treatment. In addition to our discussion about the treatment and/or treatment plan, this written consent form will act as a record of that discussion. If you have any questions, either during our discussion or while completing this form, please do not hesitate to ask.*

I have discussed the treatment and/or treatment plan with \_\_\_\_\_, RMT. During this discussion, the benefits, risks, and side effects, areas to be treated, positioning and darning (covering), to be used have been explained to me.

I understand the following sensitive areas will be treated by \_\_\_\_\_, RMT. For the following reasons:

<b>SENSITIVE AREA</b>	<b>CLINICAL INDICATION FOR TREATMENT</b>
• Inner Thigh	
• Buttocks (gluteal muscles)	
• Chest Wall	
• Inner Leg	

If I have consented to breast massage, I understand that the nipples and areoles of my breasts will not be touched during the treatment.

I have had the opportunity to ask question about the above information and I know I can ask questions that I have, as a result of my treatment. I also understand that I can either alter or withdraw my consent at anytime. A record of this consent will be kept in my client file held by \_\_\_\_\_, RMT

It is with the above understanding that I consent for treatment of sensitive areas as indicated.

Client Signature \_\_\_\_\_

Date: \_\_\_\_\_

Name (please print) \_\_\_\_\_

Therapist Name \_\_\_\_\_

Therapist Signature \_\_\_\_\_