

Breast Massage Consent

Pennsylvania State Board of Massage Therapy

20.42 Standards of Professional Conduct

Massage therapist shall:
Obtain written consent prior to performing breast massage

I, _____ give permission to
Christine Dano Sexton, LMT, CMLDT License #MSG005327 to perform breast massage
for the purpose of:

Manual Lymphatic Drainage, and/or Lymphedema Therapy

Post-surgery/post-radiation scar tissue release/joint mobilization

- Chris Dano Sexton, LMT, CMLDT will outline the treatment plan and approach for each session.
- Draping will be used during the session, unless otherwise agreed to by both client and therapist.
- Client can cease the massage if uncomfortable at any point in time during the session.
- This form is supplemental to the General Health and Intake Consent Form. Your signature indicates consent for breast treatment.

Client Signature

Date

Therapist Signature

Date