**Consent for Assessment and Treatment of Sensitive Areas**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name), have requested assessment and/or treatment by this Registered Massage Therapist (RMT) **Dianna Bradley** for treatment of the clinically relevant areas indicated below (only initial the areas you are consenting for assessment/treatment):

\_\_\_\_ Buttocks (gluteal muscles)

\_\_\_\_ Chest Wall Muscles (above and sides of breast tissue)

\_\_\_\_ Upper Inner Thigh(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.

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

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

If applicable:

Caregiver/Guardian (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caregiver/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_