

Dianna Bradley, RMT

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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: _____