



CONSENT FOR ASSESSMENT AND TREATMENT OF SENSITIVE AREAS

I, _____ (patient name) have requested assessment and/or treatment by Christina Mathers and./or Amy Ilton , Registered Massage Therapist (RMT). Following a discussion and review of assessment, I have requested treatment of the areas identified below, for the purpose of treating the following clinical indications:

_____.

As part of my therapeutic assessment and/or treatment, I am aware that Christina Mathers and/or Amy Ilton will treat the following area(s) of my body (please initial in relevant areas):

- _____ Breast(s)
- _____ Chest Wall Muscles
- _____ Inner Thigh(s)
- _____ Buttocks (gluteal muscles)

Christina Mathers and/or Amy Ilton has explained the following to me and I fully understand the proposed assessment and/or treatment including (please initial to indicate that the following items below were discussed):

- _____ The nature of the assessment, including the clinical reason(s) for assessment and/or treatment of the above area(s) and the draping methods to be used.
- _____ The expected benefits, and potential risks and side effects of the assessment and/or treatment.
- _____ Alternative courses of actions.
- _____ Likely consequences of not having the treatment.
- _____ That consent is voluntary.
- _____ That I can withdraw or alter my consent at any time.

I voluntarily give my consent for the assessment and/or treatment as discussed and outlined above. From here-forth, I agree that verbal permission at the beginning of each treatment is sufficient consent for the RMT to assess and treat these sensitive areas as needed. Consent for sensitive areas will be documented by the RMT in my file each session.

Patient Name (print): _____

Patient Signature: _____

Date: _____

RMT Signature: _____