

Written Consent for the Treatment of Sensitive Areas

When the treatment of sensitive areas is indicated during the course of 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 _____, MT.
During this discussion, the benefits, risks and side effects, areas to be treated, positioning and draping (covering) to be used have been explained to me.

I understand the following sensitive areas will be treated by _____, MT for the following reasons:

Sensitive Area	Clinical Indication for Treatment
<input type="checkbox"/> Upper inner thigh	
<input type="checkbox"/> Buttocks (gluteal muscles)	
<input type="checkbox"/> Chest wall musculature	
<input type="checkbox"/> Breast tissue	

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

I have had the opportunity to ask questions about the above information and I know I can ask any questions that I have, as a result of the treatment or further discussion, at a later date. I also understand that I can alter or withdraw my consent for this treatment and/or treatment plan at any time during this or any other treatment. A record of this consent will be kept in my client file held by _____, MT.

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

Client's signature:

Date:

Name (please print):

Therapist's signature:

Name (please print):
