

Massage Treatment Consent for 'Sensitive Areas'

Following a discussion and review of intake and assessment findings, I, _____ (client name), have requested treatment by this Registered Massage Therapist (RMT) _____ (RMT name) for treatment of the areas identified below, for the purposes of treating the following clinical indications:

The RMT has explained the following to me and I fully understand the proposed treatment including [place initials (not check marks) to indicate that the items below were addressed]:

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

As part of my therapeutic treatment, I am aware that the above named RMT will touch/assess/treat the following area(s) of my body [place initials (not check marks) in relevant areas below]:

	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials
DATE:								
Region:								
Buttocks (gluteal muscles)								
Chest Wall Muscles								
Upper Inner Thigh(s)								
Breast(s)								
Abdomen								
	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials
DATE:								
Region:								
Buttocks (gluteal muscles)								
Chest Wall Muscles								
Upper Inner Thigh(s)								
Breast(s)								
Abdomen								
	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials
DATE:								
Region:								
Buttocks (gluteal muscles)								
Chest Wall Muscles								
Upper Inner Thigh(s)								
Breast(s)								
Abdomen								

I understand that if I feel uncomfortable at any time during the treatment, I may refuse, modify, or terminate treatment at any time, regardless of prior consent given. Signature below will be considered valid, and updated, for each date(s) listed, as long as the initials were supplied on said date.

Client Name (print): _____

Additional RMT included in consent:

Client Signature: _____

Client Signature: _____

Date: _____

Date: _____

RMT Signature: _____

RMT Signature: _____