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

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name), have requested assessment and/or treatment by this Registered Massage Therapist (RMT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) for treatment of the clinically relevant areas indicated below (please initial):

\_\_\_Chest Wall Muscles (not including breasts)

\_\_\_Breast (s)

\_\_\_Buttocks (gluteal muscles)

\_\_\_Upper Inner Thigh(s)

List Clinical Indication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Ongoing Treatment: I am aware that the treatment of the above indicated area(s) is part of a treatment plan which has been discussed with me by my RMT. I confirm that, on the following date(s), the RMT has reviewed the treatment plan and I provide my informed consent.

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