Consent for Assessment and Treatment of Sensitive Areas

I, _____ , have requested assessment and/or treatment by this Registered Massage Therapist (RMT**) Maria Chan Wai Shields** 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): _____

Client Signature: _____Date: _____

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.

Client Signature	Date	Client Signature	Date	Client Signature	Date