

Consent Form for the Treatment of Sensitive Areas

I, _____ understand that by signing this form I am choosing to proceed with the treatment and/or treatment plan proposed at the time. I understand that I may change my mind, alter or refuse treatment at any time during this or any treatment. This completed form will be kept on file.

I have been informed of and have understood the reason(s) for receiving massage relating to:

Breast Tissue
Inner Thigh(s)
Chest Wall Muscles
Buttock(s)/Gluteal Muscles

For the above areas selected, I have been informed of the reasons, benefits, risks, side effects and the proposed draping (covering). As well, I understand that the nipples and/or areolas of my breasts will not be touched during the breast tissue massage. In addition, I have had all my questions regarding this treatment answered by a Massage Therapist.

I understand that I can alter decline my consent at any time during this or any treatment.

At this time, I am voluntarily giving my consent for the treatment and/or treatment plan as discussed with me.

Client Signature

Date (mm/dd/yyyy)