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**INFORMED CONSENT FOR BREAST MASSAGE**

When the treatment of sensitive areas is indicated during the course of a massage therapy treatment, it is important that you, the client, fully understand the nature and purpose of this treatment. In addition to our discussion about the treatment, 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, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am voluntarily wishing to experience a session of breast/gluteal massage, for the purpose for which is intended: recovery from surgery, scar improvement, medical breast massage or manual lymphatic drainage.

I have discussed the treatment and/or treatment plan with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. 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 have had the opportunity to ask questions about the above information and I know that I can ask any questions that I have, as a result of the treatment or further discussion, at a later date.

As with any other part of massage therapy treatment, if at any time I feel uncomfortable for any reason, I will ask the therapist to cease the massage and the therapist will end either the breast massage or the treatment.

I understand that the nipples and areolas of my breasts will not be touched at any time during the treatment.

I 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.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Massage Therapist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_