

Brooklin Village Physiotherapy

Consent for Assessment and Treatment of Sensitive Areas

I, _____ (name), have requested assessment and /or treatment by this Registered Massage Therapist(RMT) Navjot Kaur Malhi (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
- The 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: _____

Client Signature: _____ Date: _____