Xiao Qing Sun, Registered Massage Therapist (RMT)

c/o Beauty-Full Spa & Weight Loss Treatment Centre Inc.

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**MASSAGE - CONSENT FOR ASSESSMENT AND TREATMENT OF SENSITIVE AREA(S)**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Client’s Name – **PRINT BLOCK IN LETTERS**), have requested assessment and/or treatment by this Registered Massage Therapist (RMT) Xiao Qing Sun for treatment of the clinically relevant areas indicated below (PLEASE ACKNOWLDEG BY INITIALING each area):

\_\_\_\_ Breast(s) \_\_\_\_ Chest Wall Muscles

\_\_\_\_ Buttocks (gluteal muscles) \_\_\_\_ Upper Inner Thigh (s)

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;  • That consent is voluntary;

 • The potential risks of the assessment;  • That I can withdraw or alter my consent at any time.

 • The potential side effects of the assessment;

I voluntarily give my informed consent for the assessment and/or treatment, as discussed and outlined above.

|  |  |  |
| --- | --- | --- |
| CLIENT’S NAME (BLOCK PRINT): | CLIENT’S SIGNATURE: | DATE:  **MM/DD/YR** |

**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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