

Sensitive Areas & Touch, Consent Form

Consent here demonstrates patients have been informed and understand **treatment includes touch to the body in areas many consider to be sensitive.**

I, _____, have requested *Cody Cummings* (D.O.M.P.) to use hands on therapy to evaluate and treat my body for the reason indicated below.

Clinical Indication: *Part of a global evaluation for movement and position &*

I understand treatment may require palpation/touch to the clinically relevant sensitive areas indicated below (please initial):

___ **Structures Of The Chest;** *ribs, sternum, collarbones; and fascia of the lungs, heart, diaphragm, liver, spleen, stomach, and soft tissues of the region* (not including breasts)

___ **Breast(s);** *mammary glands, or surgical scars* (If clinically indicated, contact will make use of therapist hand over the patients hand, meaning the patients own hand will be in contact with their breast).

___ **Buttock Region;** *sacrum and coccyx (tailbone), SI joints, hip sockets, ischial tuberosities/sit bones; and soft tissues in the area* (not including genitalia)

___ **Anterior pelvic structures;** *pubic bones and pubic joint; and external palpation of tissues behind the pubic bone such as fascia of the bladder or uterus* (not including genitalia)

___ **Upper & Inner Thigh(s);** *adductor musculature, pelvic floor, and hip sockets* (not including genitalia)

___ **Intraoral;** *fascias in the mouth* (using a gloved hand)

Cody has explained the following to me and I fully understand the proposed assessment and/or treatment:

- **The nature of the assessment/treatment, 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/treatment**
- **The potential risks of the assessment/treatment**
- **The potential side effects of the assessment/treatment**
- **That consent is voluntary**
- **That I can withdraw or I may alter consent at any time.**

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

Client Signature: _____

Clients name (please print): _____

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 Cody. I confirm that, on the following date(s), Cody has reviewed the treatment plan and I provide my ongoing informed consent.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____