



Sensitive Areas Form

This document is a requirement from the College of Massage Therapist's of ON, and is adapted to include osteopathic manual practice. It documents written **Consent for Assessment and Treatment of Sensitive Areas.**

I, _____, have requested *assessment and/or treatment* by *Cody Cummings* (D.O.M.P.), (R.M.T.) for treatment of the clinically relevant 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)

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

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 informed consent.

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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 informed consent.

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