

INFORMED CONSENT FOR BREAST LYMPH DRAINAGE MASSAGE

Angelical Touch Massage Therapy

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INTRODUCTION

The Standards of Practice of the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) and the North Carolina Board of Massage and Bodywork Therapy (NCBMBT) require separate written consent from female clients who receive therapeutic 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.

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I, _____, am voluntarily wishing to experience a session of breast lymph drainage / massage by Angel Rivera, for the purpose for which is intended:

- recovery from surgery,
- scar improvement,
- holistic breast massage, and/or
- lymphatic drainage.

I have discussed the treatment and/or treatment plan with Angel Rivera. 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.

The nipples and areolas of my breasts will not be touched during the treatment.

There are various levels of comfort in receiving breast massage. I am checking the statements that I feel comfortable with:

____ I would like the therapist to demonstrate the lymph drainage technique for me while wearing a T-shirt.

____ I would like to remain clothed or draped and have the therapist work with me through clothing or draping:

____ Clothed

____ Draped

____ I am comfortable having the therapist work under the draping with the hands directly on the breast while performing lymph drainage/massage.

____ I am comfortable having the therapist work with the hands directly on the uncovered breasts while performing lymph drainage/massage.

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.

Signature: _____ Date: _____