

Breast Massage Consent Form

Full Name: _____

Date of Session to which this form is attached: _____

There are a few reasons why massage or manual lymph drainage might be indicated for you, including, but not limited to: lymphedema or a risk of lymphedema, various cancer treatments, surgery/mastectomy/reconstruction, and mastitis. Male and female anatomy alike can require massage or MLD (Manual Lymph Drainage) to the mammary (breast) area. This form is required even if the client has no actual breast tissue in the area(s) indicated (as in the case of mastectomy).

Please check below to indicate to which area(s) massage and/or MLD is to be applied:

- Left Breast Area Right Breast Area Both Sides

Please check the appropriate box below and sign below to indicate that you understand the indications (reasons why it would be beneficial) for breast massage/MLD in your specific situation (if you are not sure, please ask your assigned therapist), and to give your consent for breast massage/MLD for the session on the date indicated herein or in perpetuity (ongoing, until you revoke consent verbally during session or afterwards in writing)

- I give consent for breast massage/MLD in perpetuity from the assigned message therapist named below only
- I give consent for breast massage/MLD for today's session only

The breast/chest area of ALL clients will be draped at all times except while being treated. Only the side being treated will be undraped for treatment, then re-draped prior to the other side (if it is to be included) is undraped.

Please check the boxes to indicate your understanding of, and agreement to, the following statements:

- I understand that breast massage is not a common part of massage therapy, but there are reasons why it is indicated for me
- I acknowledge that my assigned Oly Float massage therapist named below and I have had a conversation about why breast massage and/or MLD is indicated for me

I understand that if I have any questions or concerns about the process, I have the right to ask

I understand that if I am uncomfortable in any way, I have the right to ask my assigned Oly Float massage therapist to stop and they will do so immediately

I understand that I have the right to withdraw my consent for breast massage/MLD at any time, even during a session

Signed: _____
(parent, guardian, or POA if applicable)

Printed Name: _____

Date: _____

Therapist's Signature: _____ Date: _____

Therapist's Name: _____