



Jen Abbotts RMT

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I Understand that by signing this form that I am choosing to proceed with the treatment and/or treatment plan proposed at this time. I understand that I may change my mind, alter or refuse treatment at any time during this or any other treatment. I have been informed of and have understood the reason(s) for receiving massage to my:

----- Breast tissue. I understand that nipples and/or areolas of my breasts will not be touched during the breast massage.

----- Chest wall muscles

----- Inner thigh(s) (adductor muscles)

----- Buttock(s) (gluteal muscles)

by -----, RMT

For any of the above areas, I have been informed of the reasons, the benefits, risks and side effects, and the proposed draping (covering). In addition, I have had all of my questions regarding this treatment answered by the massage therapist.

At this time, I give my consent for the treatment and/or treatment plan as discussed with me.

Signature

Date