



# Breast Massage Consent

Pennsylvania State Board of Massage Therapy

20.42 Standards of Professional Conduct

Massage therapist shall: Obtain written consent prior to performing breast massage

I, \_\_\_\_\_ give permission to Ronda Crary, MS, LMT, CMLDT to perform breast massage for the purpose of:

\_\_\_\_\_ Manual Lymphatic Drainage, and/or Lymphedema Therapy

\_\_\_\_\_ Post-surgery/post-radiation scar tissue release/joint mobilization

- Ronda Crary, MS, LMT, CMLDT will outline the treatment plan and approach for each session.
- Draping will be used during the session, unless otherwise agreed to by both client and therapist.
- Client can cease the massage if uncomfortable at any point in time during the session.
- This form is supplemental to the General Health and Intake Consent Form. Your signature indicates consent for breast treatment.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_