## **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