



CERTIFIED REGISTERED  
Massage Therapist Association

# CRMTA Treatment Consent Form – Treatment of Sensitive Areas

### CRMTA Treatment Consent Form – Treatment of Sensitive Areas

As part of our commitment to providing a safe, respectful, and professional environment, we require all clients to review and sign this Informed Consent document prior to receiving treatment on Sensitive Areas. This document outlines the approach to sensitive areas, and ensures that you, the client, understand and agree to the terms of your treatment.

#### Consent to Treatment:

I, \_\_\_\_\_ (client name), hereby consent to receive massage therapy as discussed with my therapist prior to and during my treatment session. I understand that the purpose of this treatment is for relaxation, stress reduction, relief from muscular tension, spasm, or pain, or to improve circulation and energy flow.

**Treatment of Sensitive Areas:** I give consent for my Massage Therapist to work on the following sensitive areas indicated below (please initial)

\_\_\_\_\_ Upper/inner thigh (adductors)

\_\_\_\_\_ Buttocks (gluteal muscles)

\_\_\_\_\_ Chest wall musculature/ Pectorals (not including breasts)

I also have the option to identify any other area I consider sensitive. I understand that these areas will only be treated with my explicit consent and in a manner that respects my comfort and boundaries. My therapist has explained draping procedures to me prior to treatment.

I understand that at any time before or during the treatment, I have the right to withdraw my consent for treatment of any area, including the sensitive areas mentioned above, without the need to provide any reason. I also acknowledge that my therapist has the right to refuse treatment to any area they deem inappropriate or outside their professional scope.

#### Agreement:

By signing below, I confirm that I have read and understood this Informed Consent document. I have had the opportunity to ask questions, and any questions I have asked have been answered to my satisfaction. I agree to proceed with the massage therapy under the terms outlined above.

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

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