

Informed Consent for Breast Lymph Drainage Massage

I, _____, am voluntarily wishing to experience a session of breast lymph drainage / massage by Amanda O'Dell.

I have discussed the treatment and/or treatment plan with Amanda O'Dell. During this discussion, the benefits, risks and side effects, areas to be treated, positioning and draping (covering) to be used have been explained to me. I have had the opportunity to ask questions about the above information and I know that I can ask any questions that I have, as a result of the treatment or further discussion, at a later date.

As with any other part of massage therapy treatment, if at any time I feel uncomfortable for any reason, I will ask the therapist to cease the massage and the therapist will end either the breast massage or the treatment.

The nipples and areolas of my breasts will not be touched during the treatment.

There are various levels of comfort in receiving breast massage. I am checking the statements that I feel comfortable with:

_____ I would like the therapist to demonstrate the lymph drainage technique for me while wearing a T-shirt.

_____ I would like to remain clothed or draped and have the therapist work with me through clothing or draping:

_____ Clothed

_____ Draped

_____ I am comfortable having the therapist work under the draping with the hands directly on the breast while performing lymph drainage/massage.

_____ I am comfortable having the therapist work with the hands directly on the uncovered breasts while performing lymph drainage/massage.

I understand that I can alter or withdraw my consent for this treatment and/or treatment plan at any time during this or any other treatment.

Signature: _____

Date: _____