



Massage Association of Australia Ltd

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INFORMED CONSENT FOR MASSAGE OF THE ANTERIOR THORACIC REGION

The Anterior Thoracic Region, in particular, is a sensitive region of the body that often needs to be worked on to release the pectoral and related muscles in order to complete the treatment for many neck and shoulder problems and for improving the upper torso, neck and head postural conditions often found in our clients.

When the treatment of sensitive areas is indicated during the course of a massage therapy treatment, it is important that you, the client, fully understand the nature and purpose of this treatment. In addition to our discussion about the treatment, this written consent form will act as a record of that discussion. If you have any questions, either during our discussion or while completing this form, please do not hesitate to ask.

I, _____, am voluntarily wishing to experience a session of massage applied to the Anterior Thoracic Region, for the purpose for which is intended: release of pectoral and associated muscles, recovery from surgery, scar improvement, medical massage related to lymphatic drainage techniques, massage techniques related to oncology massage requirements, massage techniques related to acupressure techniques or Trigger Point Therapy for release of pain and discomfort.

I have discussed the treatment and/or treatment plan with _____. 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 massage or the treatment relating to the Anterior Thoracic Region of the body.

I understand that the nipples and areolas of my breasts will not be touched at any time during the treatment.

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

____ I would like the therapist to demonstrate the Anterior Thoracic Region 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 tissue while performing 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.

Client Signature: _____ Date: _____

Massage Therapist Signature: _____ Date: _____

(Original held in Client File)