

Breast Massage Consent Form



Client's Name: _____

Date of Session(s) to which this form is attached: _____

There are a few reasons why massage or manual lymphatic drainage might be indicated for a client coming to my practice, including, but not limited to, lymphedema or a risk of lymphedema, various cancer treatments, surgery/mastectomy/reconstruction, and mastitis. Male and female anatomy alike can require massage or MLD to the mammary (breast) area. This form is required even if the client has no actual breast tissue in the area(s) indicated (as in the case of mastectomy).

Please check a box below to indicate to which area(s) massage and/or MLD is to be applied:

☐ LEFT breast area ☐ RIGHT breast area ☐ BOTH sides

Please check the boxes and sign below to indicate that you understand the indications (reasons why it would be beneficial) for breast massage/MLD in your specific situation (which we would have gone over during your initial intake process; if we did not or you have any questions, PLEASE ask!), and to give your consent for breast massage/MLD for the session on the date indicated herein. This form MUST be filled out and signed prior to EACH session in which breast massage and/or MLD is to be included.

The breast/chest area of ALL clients will be draped at all times except while being treated. Only the side being treated will be undraped for treatment, then re-draped prior to the other side (if it is to be included) is undraped.

Please check the boxes to indicate your understanding of, and agreement to, the following statements:

☐ I understand that breast massage is not a common part of massage therapy, but there are reasons why it is indicated for me

☐ I acknowledge that Laurie Dever, LMT and I have had a conversation about why breast massage and/or MLD is indicated for me

☐ Laurie Dever, LMT has explained to my satisfaction, either verbally, in writing, or both, her policies about breast massage/MLD and the potential benefits and limitations thereof

☐ I understand that if I have any questions or concerns about the process, I have the right to ask

☐ I understand that if I am uncomfortable in any way, I have the right to ask Laurie Dever, LMT to stop and she will do so immediately

☐ I understand that I have the right to withdraw my consent for breast massage/MLD at any time, even during a session

Client's Signature: _____
(parent, guardian, or POA if applicable)

Printed Name: _____

Date: _____

Therapist's Signature: _____ Date: _____