

*Little Elm Massage*  
**Breast Massage Consent Form**

Name:	Birth date:
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<b>The Texas Administrative Code, Title 25, Part 1, Chapter 141, Subchapter B, Rule 141.5, Paragraph (h) states that this initial consultation document shall include the following information:</b>	
A statement of the type of massage techniques to be used:	<i>In this case: Lymph Drainage Therapy to the breast and torso area.</i>
The massage therapist will not perform breast massage on female clients without the written consent of the client.	<i>Signing this document signifies written consent to breast massage. I will also ask for your permission verbally before we begin.</i>
Draping will be used during the session, unless otherwise agreed to by both client and therapist.	<i>For a complete drainage, we will undrape one breast at a time. We can do a partial drainage with both breasts draped at all times.</i>
A statement that if the client is uncomfortable for any reason, the client may ask the therapist to cease the massage, and the therapist will do so.	<i>As therapist, I also reserve the right to terminate the session in the event of any sort of abusive behavior from the client. If client misbehavior should result in an abbreviated session, the client will be expected to render full payment.</i>
The parts of the clients body that will be massaged or the areas of the clients body that will be avoided during the session, including indications and contraindications.	<i>This form is supplemental to the body chart on the Confidential Client Intake and Health Assessment Form. Your signature indicates consent to massage your breasts.</i>

Additional Notes:


I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy. I understand that massage therapy is not a substitute for medical treatment or medications and that it is recommended that I concurrently work with my Primary Caregiver for any conditions that I may have.

I have read and agree to the above.

Client Signature:	Date:
Stephen B Floyd, LMT, MT 109765	Date: