# CONSENT FOR ASSESSMENT & TREATMENT OF SENSITIVE AREAS

To be completed before any sensitive area is assessed or treated.

Patient name: _____ Practitioner: _____

Practice name: _____

## 1 Areas included in my assessment and/or treatment

Please write your initials next to each area you agree to have assessed or treated.

_____ Muscles of the chest wall (breast tissue not included)

_____ Breast tissue

_____ Gluteal muscles (buttocks)

_____ Upper inner thigh (adductor muscles)

_____ Other: _____

Clinical reason for treatment: _____

## 2 What my practitioner has explained to me

- [x] Why these areas need to be assessed or treated, and what will happen during the session
- [x] How I will be draped, so that only the area being treated is uncovered
- [x] The expected benefits, as well as any possible risks or side effects
- [x] That I may have a support person or chaperone present if I wish
- [x] That my consent is voluntary, and I can change my mind or ask to stop at any time

I have had the chance to ask questions, and I freely give my informed consent to the assessment and/or treatment described above.

Patient signature: _____ Date: _____

# ONGOING TREATMENT

Consent for sensitive areas is confirmed again at each review of your treatment plan.

I understand that treatment of the area(s) I agreed to on the previous page is part of a treatment plan my practitioner has discussed with me.

By signing on each date below, I confirm that my practitioner has reviewed the plan with me and that I continue to give my informed consent.

| DATE | AREA(S) REVIEWED | PATIENT SIGNATURE | PRACTITIONER |
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**Your comfort comes first.** You can withdraw or change your consent at any time, before or during a session, simply by telling your practitioner.

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# Consent signed before the session. Automatically.



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## HOW IT WORKS IN RUANA

### 01

**Patient books**

Online, by phone or at the front desk, whichever suits them.

### 02

**Consent goes out**

Assign the consent form to a service, and Ruana sends it automatically with the booking.

### 03

**Signed & stored**

Patients sign at home or on an iPad in your office, and the form is saved to their record.

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**Rouzbeh Noroozy**, Chiropractor (Palmer West) and Heilpraktiker, Co-founder, Ruana

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