

Holistic Healing Arts

274 King George Rd., Unit 2

Brantford, ON N3R 5L6

519-751-3488 ~ www.ndoc.ca

Consent for Assessment & Treatment of Sensitive Areas

I, _____ (name), have requested assessment and/or treatment by this Osteopathic Manual Practitioner (DOMP) Sean Hauk for treatment of the clinically relevant areas indicated below if needed. My DOMP will inform me before any of these areas will need to be treated (please initial):

_____ Buttocks (gluteal muscles)

_____ Chest Wall Muscles

_____ Upper Inner Thigh(s)

_____ Breast (pec)(s)

My practitioner has explained the following to me and I fully understand the proposed assessment and/or treatment: The nature of the assessment/treatment, including the clinical reason(s) for assessment/treatment of the above area(s) and the draping methods to be used. The expected benefits of the assessment /treatment. The potential risks of the assessment/treatment. The potential side effects of the assessment/treatment. That consent is voluntary and I can withdraw or alter my consent at any time. I voluntarily give my informed consent for the assessment and/or treatment as discussed and outlined above.

Name (print): _____ Date: _____

Signature: _____ Date: _____