

Internal Pelvic Floor Physical Therapy
Consent Form for **Internal Pelvic Floor Physical Therapy**

Client involvement in determining treatment program is valued. It is often necessary for a client to remove clothing to allow for thorough assessment and treatment. If you are not comfortable with a request to remove articles of clothing or are not comfortable with a treatment technique please indicate this to your therapist.

Patients are instructed to inform the practitioners about conditions such as pregnancy, metal implants (surgical staples, IUD, demand pacemakers), use of blood thinners, pre-existing urogenital infection or known sexually communicable diseases, or other pertinent medical information prior to treatment.

I authorize the treating physical therapist to perform or assist in performing the following specialized procedures for the assessment and treatment of pelvic problems, including bladder/bowel/sexual dysfunction:

If applicable manual techniques for the evaluation and treatment of the pelvic floor involving the insertion of a gloved finger/specialized instrument beyond the labia majora or anal verge.

The physical therapist has given me an explanation of the evaluation and treatment and I understand its nature, risks and probable effects. I have been advised that I can bring another person to accompany me to the assessment and/or treatment sessions. I understand that I can withdraw my consent at any time.

I have read and understand the risks involved with physiotherapy and internal pelvic floor treatment and understand other protocols Form Physical therapy outlined above. I consent to examination and treatment at Form Physical Therapy, LLC by the treating Physical Therapist.

Signature: _____ Date: _____ Please

Print Name: _____