

Plan of Care Agreement

My diagnosis, evaluation findings including the treatment program, the expected benefits or goals of treatment, and reasonable alternatives to the recommended treatment program, has all been explained to me. My questions about my care have been answered to my understanding and satisfaction. I consent to the recommended course of treatment.

For optimum care and progress:

- It is important to keep your regularly scheduled therapy appointment. At those visits we can advance your exercise routine.
- Please avoid practicing your pelvic floor exercises just before your next appointment time.
- Bring your exercise sheets and voiding log as appropriate to each office visit.

Date

Patient Name (Please Print)

Patient Signature

Signature of Parent or Guardian
(If applicable)

Therapist Signature