CONSENT FOR TREATMENT
FOR PELVIC FLOOR DYSFUNTION

Name: _____ Date: _____

I acknowledge and understand that I have been referred to LeeAnn Nelson Physical Therapy for evaluation and treatment of pelvic floor dysfunction. I acknowledge that my physical therapist is female and have an option for a chaperon to be present during my evaluation and treatment.

I understand that to evaluate my condition it may be necessary, initially and periodically, to have my therapist perform an internal pelvic floor muscle examination. This examination will consist of external palpation of the urogenital region and an internal examination of the pelvic floor including vaginal/rectal region. This examination is not a pelvic exam and will assess the skin condition, reflexes, muscle tone and strength.

I have informed my therapist of any conditions that would limit my ability to have an evaluation or be treated. I hereby request and consent to the evaluation and treatment of my pelvic floor.

Signature: _____ Date: _____

Witness: _____