

OPTIMAL LIVING

LIVE THE LIFE YOU DESIRE.

Consent for Pelvic Floor Assessment and Treatment:

I, _____, understand that based on my presentation of symptoms and/or diagnosis, it may be necessary for the therapist to assess the muscles of the pelvic floor. This is most effectively done via the vagina or rectum.

I understand that the process and benefit of this type of assessment will be explained to me. If I am uncomfortable AT ANY TIME, the assessment/treatment will be discontinued and alternative methods will be discussed.

Treatments of the pelvic floor may involve manual/electrical biofeedback, use of vaginal weights, manual muscle management or dry needling. The therapist will discuss with me the details of the various treatment methods. I may decline these treatment approaches at any time.

Based on the information I have received, I consent to evaluation and treatment consistent with what my therapist believes to be the most effective approach.

_____ (Signature) _____ (Date)

***** If you are pregnant, have never had a pelvic exam, currently have an infection, are less than 6 weeks postpartum or have severe pelvic pain please inform your therapist prior to your evaluation.