

## PELVIC FLOOR CONSENT FOR EVALUATION AND TREATMENT

I, hereby consent to the assessment and treatment of pelvic floor dysfunction performed by physiotherapist, Carrie Tam. Pelvic floor dysfunctions include, but are not limited to, urinary or fecal incontinence; difficulty with bowel, bladder, or sexual functions; painful scars after childbirth or surgery; persistent sacroiliac or low back pain; or pelvic pain conditions.

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 is performed by observing and/or palpating the perineal region including the vagina and/or rectum. This evaluation will assess skin condition, reflexes, muscle tone, length, strength and endurance, scar mobility, and function of the pelvic floor region.

Treatment may include, but not be limited to, the following: observation, palpation, ultrasound, acupuncture, heat, cold, stretching and strengthening exercises, soft tissue and/or joint mobilization, and educational instruction.

I do not have a demand pacemaker, surgical metal staples in the abdominal area, metal IUD, pre-existing urogenital infection nor known sexually communicable disease. I have informed my therapist if I know I am pregnant. I understand that pre-cautionary measures are taken regarding infection.

Potential risks of doing an internal examination includes urinary tract infection, pain, spotting, and miscarriage with pregnancy.

1. The purpose, risks, and benefits of this evaluation have been explained to me.
2. I understand that I can terminate the procedure at any time.
3. I understand that I am responsible for immediately telling the examiner if I am having any discomfort or unusual symptoms during the evaluation.
4. I have the option of having a second person present in the room during the procedure and \_\_\_\_\_ **choose** \_\_\_\_\_ **refuse** (*check one*) this option.

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Signature of Parent of Guardian (if applicable)

\_\_\_\_\_  
Witness Signature