

**INFORMED CONSENT TO ASSESSMENT AND TREATMENT**  
**Pelvic Floor Physical Therapy**

My therapist explained to me, and I consent to assessment of the following: vaginal and/or rectal palpation for the purpose of assessing the pelvic floor musculature for strength, tension, and function. Risks/adverse reactions include: bleeding, pain/discomfort, emotional stress, skin reaction, nausea/light headedness.

You have the right to withdraw this consent at any time by telling your therapist verbally that you do not wish to proceed with internal evaluation or treatment.

An alternative assessment could involve indirect palpation over clothes with verbal cueing but would not allow for direct assessment of the pelvic floor musculature and would not directly evaluate the strength and function of these muscles.

\_\_\_\_\_  
PRINT Name of Patient

**x**  
\_\_\_\_\_  
SIGNATURE of Patient  
(or parent/guardian if patient under 18)

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

\_\_\_\_\_  
Date Signed