

ELITE PHYSICAL THERAPY, LLC

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Consent for Pelvic Floor Evaluation and Treatment

Consent:

I acknowledge and understand that I wish to participate in physical therapy treatment at Elite Physical Therapy, LLC for evaluation and treatment of pelvic floor dysfunction. I understand that to evaluate and treat 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 palpating the perineal region including the vagina/penis and/or rectum. This evaluation will assess skin condition, reflexes, muscle tone, length, strength, endurance, scar mobility and function of the pelvic floor region. Treatment may include, but not be limited to the following: observation, palpation, use of internal weights/dilators, electrical stimulation, ultrasound, heat, cold, flexibility and strengthening exercises, soft tissue and/or joint mobilization and educational instruction.

I am aware that I may request a chaperone to be provided during my physical therapy evaluation and treatment. If I would like a chaperone, I agree to notify the office at Elite Physical Therapy, LLC at the time of scheduling to confirm availability. I am also aware that I may choose to bring my own chaperone (i.e. a friend or family member) during the physical therapy evaluation or treatment at any time.

I am aware that I will always have the right to decline internal pelvic floor examination/treatment at any time. Internal examination and treatments are always a choice; it is an option to provide me with the best care to address and treat my symptoms and impairments. If I am not comfortable with internal treatment, I agree to discuss this with my therapist so that changes can be made to my plan of care.

I understand that evaluation/treatments may be triggering for those who have had any form of sexual or medical/surgical trauma. I have informed my physical therapist of any conditions or circumstances which may limit my ability to have an evaluation or be treated.

I hereby request and consent to the evaluation and treatment to be provided by the therapists at Elite Physical Therapy, LLC

SIGNATURE

DATE