PELVIC HEALTH REHABILITATION CONSENT

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Manual techniques for the evaluation and/or treatment of one or more of the conditions listed below may involve the insertion of a gloved finger(s)/specialized instrument (probe or dilator) beyond the labia majora or anal verge.

Conditions or issues that may benefit from Pelvic Health Rehabilitation include:

- Urinary Incontinence
- Urinary Retention
- Pelvic Organ Prolapse
- Dyspareunia/Genito-pelvic pain/penetration disorder/Vaginismus/Vulvodynia/Vestibulodynia
- Interstitial Cystitis/Painful Bladder Syndrome
- Prostatodynia/ Chronic Pelvic Pain Syndrome
- Pregnancy-related pelvic girdle pain
- Chronic low back pain, hip pain or SI joint pain

As your participation in all aspects of your program is imperative to its success, it is the policy of Lime Clinic to ensure the benefits, side effects and potential complications of each chosen modality are explained to you by your therapist before use.

The therapist has given me an explanation of the treatment and I understand its nature, risks and probable effects and are aware it may create some pain discomfort or trigger trauma response. I have had an opportunity to ask questions about the assessment and/or treatment. _____

Throughout my program, if I have any questions or concerns about any recommended treatment, I understand I must inform my therapist immediately as they can explain the treatment rationale and / or modify my program appropriately. _____

If at any time I choose not to participate in the program or any portion of it, I understand I must inform my therapist immediately. My consent may be withdrawn at any time. _____

I understand that I can have another person accompany me in the room during the assessment and/or treatment. _____

I understand and agree with the criteria above and as such agree to participate in an assessment and treatment program at Lime Clinic. I authorize the physiotherapist to perform the procedure. _____

PATIENT SIGNATURE

I hereby release and discharge the practitioner, successors and assigns, of and from any and all manner of actions, causes of actions, suits, contracts, claims demands, damages, costs, expenses and all other legal obligations and compensation arising from out of any treatment which will be provided to me.

My signature below indicates that I fully understand and agree to the above disclaimer and stated conditions of receiving pelvic health rehabilitation physical therapy treatments.

_____	_____	_____
Patient / Guardian Printed Name	Patient / Guardian Signature	Date