



## **INTEGRATED PHYSICAL THERAPY OF COLORADO**

### **CONSENT FOR EVALUATION AND TREATMENT OF PELVIC FLOOR DYSFUNCTION/URINARY INCONTINENCE**

I acknowledge and understand that I have been referred to Integrated Physical Therapy of Colorado, P.C. for the evaluation and treatment of Pelvic Floor Dysfunction/Urinary Incontinence. I understand that to evaluate my condition it may be necessary, initially and periodically, to have a Physical Therapist perform a vaginal/rectal exam of the pelvic floor region to assess the muscle strength, range of motion, scar mobility, and muscle tone.

Treatment for this condition may include, but not be limited to, the following: pelvic floor exercises, education, biofeedback with either external or internal electrodes, electrical stimulation, neuromuscular techniques, and soft tissue mobilization of the pelvic floor region. You will always have the option to stop any treatment if you feel discomfort in any part of your body and will never be forced to perform/undergo any procedure that you do not agree with. Your Physical Therapist will take all precautions to minimize your discomfort and prevent any unsafe situations.

I understand that no guarantees have been or can be provided regarding the success of Physical Therapy treatment. I hereby request and consent to the evaluation and treatment to be provided by the Physical Therapist and Physical Therapy technician of Integrated Physical Therapy of Colorado, P.C.

Patient name: \_\_\_\_\_

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian (if necessary)