



**COMPREHENSIVE WOMEN'S THERAPY SERVICES**  
**INFORMED CONSENT FOR ASSESSMENT OF THE PELVIC FLOOR**

I understand that if I am referred to physical therapy for pelvic floor dysfunction, it may be beneficial for my therapist to perform a *muscle assessment of the pelvic floor*. Palpation of these muscles is most direct and accessible if done via the vagina and/or rectum. Pelvic floor dysfunctions include pelvic pain, urinary incontinence, fecal incontinence, dyspareunia or pain with intercourse, pain from episiotomy or scarring, vulvodynia, vestibulitis or other similar complications.

I understand that the benefits of the vaginal/rectal assessment will be explained to me. I understand that if I am uncomfortable with the assessment or treatment procedures AT ANY TIME, I will inform my therapist and the procedure will be discontinued and alternatives will be discussed with me.

Treatment procedures for pelvic floor dysfunction include biofeedback, electrical stimulation, use of vaginal weights and several manual techniques including massage. The therapist will explain the recommended treatment plan to me, which may include all or some of these treatment procedures. I may choose to not participate with all or part of the treatment plan.

\*\*\*If you are pregnant, have infections of any kind, have vaginal dryness, are less than 6 weeks post partum or post surgery, have severe pelvic pain, sensitivity to KY jelly, vaginal creams or latex, please inform the therapist prior to the pelvic floor assessment.

Based on the information I have received from the therapist, I voluntarily agree to the standard assessment and treatment plans for my condition.

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Signature of Patient/Legal Guardian

Date

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Witness

Date