

**Informed Consent for Internal Assessment & Related Treatments  
for Pelvic Pain & Continence Rehabilitation**

I confirm that I understand that:

- My doctor has referred me to H&D Physical Therapy for Pelvic Pain & Continence Rehabilitation.
- This may include an internal muscle assessment and manual treatment by my trained H & D physical therapist.
- The purpose of this is to evaluate and treat the muscles of the pelvis.
- The internal muscle assessment and manual treatment can be vaginal or rectal and will complement the other interventions including, but not limited to, biofeedback, exercise and education.
- An internal assessment is not done during pregnancy, during the first 6-weeks post-partum or post vaginal surgery or during active infections involving the bladder or genitalia.
- If I have concerns about any of these issues, I am free to discuss them with my physical therapist.

Accordingly, I confirm my agreement by initialing one of the following:

\_\_\_\_\_ I agree to an internal assessment and internal treatments with my physical therapist.

\_\_\_\_\_ I agree to an internal assessment and internal treatments with my physical therapist and will bring a friend or family member with me.

\_\_\_\_\_ I would like more information before consenting to an internal assessment and internal treatments.

\_\_\_\_\_ I prefer not to participate in the internal assessment and internal treatments at this time, but may reconsider in the future.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date