Consent for Evaluation and Treatment

I acknowledge and understand that I have been referred 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 physiotherapist perform an internal pelvic floor muscle exam to assess strength, range of motion, scar mobility and muscle length. I hereby request and consent to the evaluation and treatment to be provided by the Physiotherapist at Northern Chiropractic Physiotherapy.

Patient Name (please print): _____

Patient Signature:_____Date: _____

Signature of parent of guardian (if applicable):_____