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RenoNeuroFit.com

Informed Consent for Pelvic Physical Therapy

Prior to us treating you with pelvic floor physical therapy services, you must provide informed consent to receive these treatments. You can only provide us with your informed consent after we have discussed our proposed treatment, the potential risks of those treatments, the potential benefits of those treatments, and information about any potential alternative treatments.

Therefore, I, the undersigned, acknowledge and agree that NeuroFit Wellness & Physical Therapist, LLC and its providers will render the below described physical therapy services:

TO BE COMPLETED TOGETHER BEFORE PELVIC PT

1) Brief summary of description of the physical therapy services that we will provide, and what your pelvic floor physical therapy treatments might entail.

2) Brief summary of description of the potential material risks, benefits, and alternative treatments to pelvic floor physical therapy.

ACKNOWLEDGEMENT & AGREEMENT

- As provided above, my physical therapist has explained the pelvic floor physical therapy services and treatments that I will receive, as well as their material risks and benefits.

- I understand that pelvic floor physical therapy may include internal vaginal and/or rectal assessments or treatments. I understand this and consent to such therapeutic treatments, but I also understand I may withdraw this consent at any time and for any or no reason.
- I agree and acknowledge that treatment and services may not have the results that I expect or desire. My physical therapist has discussed with me other possible treatments that might provide me a benefit.
- I Agree and acknowledge that physical therapy is not an exact science, and I have not been given any guarantees about treatment.
- My physical therapist has offered me ample time and opportunity to discuss my concerns, and all of my questions have been answered to my satisfaction.

My Name: _____ Signature: _____ Date: _____

If you are a minor (under 18 years old), please ask you parent or guardian to review this document and talk with us and sign below. I, the undersigned, am the parent or guardian of the above referenced patient. I have reviewed this document and agree to be bound by it and hereby provide my informed consent for treatment of the patient on my behalf and on behalf of the patient.

Name: _____ Signature: _____ Date _____

For minor patients: Your physical therapist and your parent or guardian will discuss with you whether it is appropriate for your parent or guardian to be present in the treatment room while you receive pelvic floor physical therapy. Your feelings about this choice matter, and you can change your mind at any time. Please talk to your physical therapist and your parent or guardian about this. If your parent or guardian does not join you in the treatment room, he or she will remain in the waiting room while you are treated.

Parent or guardian () will or ()will not be present for treatments.