



Pelvic Health Intake & Consent Form

Thank you for choosing GoodLife Physical Therapy for your rehabilitation services. To provide effective services for managing your condition, your rehabilitative therapist may perform a variety of interventions including but not limited to:

- External pelvic, perineal, and/or urogenital examination and treatment.
- Internal vaginal and/or rectal examination and treatment.

Please complete the section below by circling the designations that are most relevant:

Sex assigned at birth:	Female	Male	Intersex	Other:
Gender:	Woman	Man	Non-Binary	Other:
Pronouns:	She/Her/Hers	He/Him/His	They/Them/Theirs	Other:

Please check all that apply:

<input type="checkbox"/> Recent pelvic (non-menstrual) or rectal bleeding <input type="checkbox"/> History of Sexually Transmitted Infections (STIs) <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Pregnancy, potential pregnancy, or recent post-partum <input type="checkbox"/> Recent pelvic or rectal surgery <input type="checkbox"/> Unfixated fracture <input type="checkbox"/> Fusion <input type="checkbox"/> Intrauterine Device (IUD) <input type="checkbox"/> Cardiac pacemaker	<input type="checkbox"/> Abuse and/or trauma <input type="checkbox"/> Allergies to gel, tape, or latex <input type="checkbox"/> Urinary retention <input type="checkbox"/> High post-void residual volume <input type="checkbox"/> Diminished sensory awareness <input type="checkbox"/> Atrophic vaginitis <input type="checkbox"/> Active infection, including Urinary Tract Infection (UTI) <input type="checkbox"/> Coccyx injury or fracture <input type="checkbox"/> Other: _____ <input type="checkbox"/> Obstetric history: _____ <input type="checkbox"/> Surgeries: _____
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Please initial after each line:

_____ The purpose, benefits, and risks of this intervention have been explained to me.

_____ I understand that I can decline treatment and/or terminate the interventions at any time.

_____ I understand that I have the right to have a witness/chaperone in the room during examination and treatment. If I choose this accommodation, I will discuss this with my clinician.

I, _____, consent to the Pelvic Health examination, treatment, and modalities, which may include pelvic, perineal, urogenital, rectal, and/or vaginal regions for the purpose of assessing and treating my condition.

Patient Signature: _____ Date: _____