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:

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

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: _____