



Reynolds & Associates
Physical Therapy, Inc.
Sally Sargent, PT

Patient Consent for Evaluation and Intervention

I understand and recognize that I have been referred to Sally Sargent, PT for evaluation and intervention for pelvic floor dysfunction. I understand that to examine and evaluate my condition it may be necessary, initially and throughout my care, to have my physical therapist perform an internal pelvic floor muscle examination to measure strength, flexibility, scar mobility, and muscle tone. Such evaluation and intervention may include, but not be limited to the following: observation, manual palpation, use of vaginal sensors for biofeedback and/or electrical stimulation, exercise, soft tissue mobilization, education, and neuromuscular techniques of the perineal area.

I understand that no guarantees have been or can be made regarding the success of the therapy. I hereby request and consent to the evaluation and intervention to be provided by my treating physical therapist.

Patient Name: _____

Date: _____

Patient Signature

Signature of Parent or Guardian (if under 18 years of age)