

Consent Form for Pelvic Muscle Evaluation and Treatment

I, _____ give my consent for _____
(PATIENT'S NAME) (LEIGH HOLLOWELL)

to do a pelvic examination, which may include internal vaginal and/or anal work for the purpose of evaluation and treatment of my condition.

1. The purpose, procedure and risks of the this procedure have been explained to me.
2. I understand that I can terminate the procedure at any time.
3. I understand that I am responsible for immediately telling the therapist if I am having any discomfort and/or unusual symptoms during the procedure.
4. I have the option of having a second person present in the room during this procedure and I
 choose **refuse** this option.
5. I have read this consent form and understand its terms, and I am signing it knowingly and voluntarily.

Patient Signature: _____ Date: ____ / ____ / ____

Witness Signature: _____ Date: ____ / ____ / ____

Therapist Signature: _____ Date: ____ / ____ / ____