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## CONSENT FORM

I, the undersigned, \_\_\_\_\_

authorize \_\_\_\_\_, physiotherapist, to

proceed in the treatment of perineal and pelvic rehabilitation.

The above treatment could include these techniques: vaginal and/or anal assessment,

manual therapy, exercise program, electrical stimulation, biofeedback, advice regarding current care and future prevention.

I acknowledge that I have been informed of the nature, the risks and the possible effects of the above mentioned treatment and have been given any other pertinent information.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signatory or authorized person**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Counter signer  
Physiotherapist in charge of the treatment**