



Pelvic Floor Consent Form

I _____ authorize a pelvic floor physiotherapist, to proceed in the assessment and treatment of perineal and pelvic re-education. The treatment could include these techniques: vaginal and anal evaluation, manual therapy, exercise program, electrical stimulation, biofeedback, advices and prevention.

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

I understand for the best treatment outcome I have to be compliant and follow my physiotherapist's advice to the best of my abilities.

I understand that my physiotherapist may need to communicate with my family physician and/or specialist regarding my condition and treatment.

Please confirm the following information to secure future appointments:

I, _____ hereby authorize Triangle Physiotherapy & Rehabilitation to charge my credit card if my appointment is cancelled with less than 24 hours notice or if I do not show up for a booked appointment.

VISA or MASTERCARD Number

Exp ____/____

Verified By _____

Cancellation & No-Show Policy

- Your appointment time is reserved especially for you. If you are unable to keep your allotted time, we kindly ask that you give us a minimum of 24 hour advance notice in order for us to give our therapists a reasonable amount of time to fill the appointment slot.
- If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, your therapist will then determine if there is enough time remaining to start a treatment. Regardless of the length of treatment actually given, you will be responsible for the full session.
- We understand that your time is valuable and therefore make every effort to keep our schedule running on time. Due to the nature of our work, unexpected delays sometimes occur. Please be assured that under these circumstances you will still receive your full treatment time.
- Please understand that appointment reminders are a courtesy. In the event that we were unable to contact you, you are still responsible for showing up at your allotted treatment time. Our therapists also gratefully respect you and your time. We understand that all our patients have busy lives and, as such, our therapists will make every effort to make sure that all appointments begin and end on time.
- Since all our services are by appointment we ask for a valid credit card to hold your appointment. You will not be charged until any services are rendered, or you do not call to cancel 24 hours prior or are a no-show for your appointment!

• Please remember, if you need to cancel an appointment we require at least 24 hours notice.

X _____
Patient / Parent / Guardian's Signature

X _____
Date