NORTH POLE
Physical Therapy

PEDIATRIC CONSENT FOR EVALUATION AND TREATMENT

<u>Informed consent for treatment</u>:

The term "informed consent" means that the potential risks, benefits, and alternatives of therapy evaluation and treatment have been explained. The therapist provides a wide range of services and I understand that I will receive information at the initial visit concerning the evaluation, treatment and options available for my child's condition.

I also acknowledge and understand that my child has been referred for evaluation and treatment of pelvic floor dysfunction. Pelvic floor dysfunctions include, but are not limited to, urinary or fecal incontinence, difficulty with bowel or bladder functions, or pelvic pain conditions.

I understand that to evaluate my child's condition it may be necessary, initially and periodically, to have the therapist perform an <u>external</u> pelvic floor muscle examination. This examination is performed primarily by observing and/or palpating the external perineal region. No internal examination is done. This evaluation will assess skin condition, reflexes, muscle tone, length, strength and endurance, and function of the pelvic floor region.

Treatment may include, but not be limited to the following: observation, palpation, biofeedback and/or electrical stimulation, stretching and strengthening exercises, soft tissue and/or joint mobilization and educational instruction.

Potential risks: My child may experience an increase in the current level of pain or discomfort if any, or an aggravation of their existing injury. This discomfort is usually temporary; if it does not subside in 1-3 days, I agree to contact my child's physical therapist.

Potential benefit: My child may experience an improvement in their symptoms and an increase in their ability to perform daily activities. My child may experience increased strength, awareness, flexibility and endurance in their movements. My child may experience decreased pain and discomfort. My child should gain a greater knowledge about managing their condition and the resources available to them.

Alternatives: If I do not wish for my child to participate in the therapy program, I will discuss any medical, surgical or pharmacological alternatives with my child's physician or primary care provider.

Release of medical records:

I authorize the release of my child's medical records to my physicians/primary care provider or insurance company.

Cooperation with treatment:

I understand that in order for therapy to be effective, my child must come as scheduled unless there are unusual circumstances that prevent them from attending therapy. I agree that I, another parent or guardian or chaperone, will attend all appointments that involve external palpation or external exams or any additional appointments as requested by my child or the therapist. I agree to cooperate with and assist in carrying out the home physical therapy program assigned to my child. If my child has difficulty with any part of their treatment program, they (or I) will discuss it with their therapist.

Cancellation Policy

I understand that if I cancel or now show 3 times or more, my child may be removed from the therapy schedule as per clinic policy.

No warranty: I understand that the therapist cannot make any promises or guarantees regarding a cure for or improvement in my child's condition. I understand that my child's therapist will share with me and my child their opinions regarding potential results of treatment for my child's condition and will discuss all treatment options with me and my child before I consent to treatment.

I have informed my therapist of any condition that would limit my child's ability to have an evaluation or to be treated. I hereby request and consent to the evaluation and treatment to be provided by the therapists and therapy assistants and technicians of North Pole Physical Therapy.

Date__________ Patient Name: ____
(Please Print)

____________________________________ ____
Patient Signature Signature of Parent or Guardian (If applicable)

Witness Signature __________________________________