



WOMEN'S ADVANTAGE
MEN'S OPTIMAL HEALTH
specialized pelvic physical therapy



Pelvic Health Screening Waiver & Consent Form

Please review and initial each section:

___ Purpose of the Screening

The primary purpose of this pelvic health screening is to increase awareness and knowledge of personal pelvic health and wellness, inform and refer participants to appropriate resources, and promote programs/services that enhance wellness.

___ Explanation of the Screening and Associated Risks

This pelvic health screening will include one or more of the following: functional movement screening, external musculoskeletal assessment (range of motion, muscle flexibility, strength, etc.), and optional internal pelvic floor muscle assessment. You could experience symptoms during and after this screening including but not limited to muscle soreness, aching, and changes in bladder, bowel and/or sexual function. You are strongly encouraged to ask questions of the screening staff if you do not understand the risks or the procedures to be performed.

___ Responsibilities of the Participant

By choosing to participate in this screening you certify that you are in good health. Information you possess about your health status or previous experiences of pelvic-related symptoms such as pain, pressure, tightness, heaviness in the pelvis, vaginal/penile and/or anorectal region may affect the outcomes of your screening. You should promptly report these and any other unusual symptoms before, during, and/or after the screening to your practitioner.

___ Release of Claims

In consideration of your participation in this pelvic health screening, you hereby agree to assume all risks of injury or death to yourself. You also understand that your screening results are intended to be used for educational purposes only and are not designed to replace the care or advice of your medical provider. If you have a known pathological urological, gynecological, colorectal, gastrointestinal and/or musculoskeletal condition, fall into certain high risk categories, and/or if any part of the screening reproduces any known symptoms related to said known condition(s), you should promptly consult with a physician and obtain their approval prior to engaging in further pelvic health physical therapy treatment or lifestyle change activity. Neither Women's Advantage, Inc. nor the physical therapist is liable for any health consequences resulting from your participation in this screening, and neither entity or its staff is responsible for ensuring that you have consulted with your physician regarding any recommendations you may receive as a result of your participation. Any results will not be automatically sent to a healthcare provider on your behalf. You hereby release the program and all of its personnel and agents from any and all damages and claims caused by or resulting from your participation in this pelvic health screening. This release shall also be binding upon your heirs, executors, and administrators.

___ Freedom of Consent

This notice contains our policy with respect to our security and privacy practices. This policy and notice may change at any time, but material modifications will only be effective after you have been given the opportunity to (i) review the amended policy, and (ii) withdraw your consent. You acknowledge that you have read this document in its entirety (or that it has been read to you), and that you understand and agree to the above. If you are under age 18, you agree not participate in this health screening without the written consent of your parent or legal guardian. Your permission to perform this health screening is given voluntarily and extends to all screening personnel, including volunteers. You understand that you are free to stop the screening at any point, if you so desire. You also fully understand the attendant risks and discomforts, and have had an opportunity to ask questions that have been answered to your satisfaction.

To agree to participate in this pelvic health screening, please sign/date this consent and release form. Thank you.

Signature of Participant

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

Date