



# Sam Hughes Physiotherapy

Women's & Men's Health



www.samhughesphysiotherapy.com

info@samhughesphysiotherapy.com

## CONSENT FORM

I, \_\_\_\_\_ authorize Sam Hughes, Licensed Physiotherapist, to proceed in the treatment and assessment 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