



Accuracy of Information

I certify that the above medical information is correct to my knowledge and I will communicate relevant medical history information to my therapist including, but not limited to, medication use, IUDs (or other implants), pre-existing urogenital infection, current pregnancy or chance to be pregnant.

Privacy and Sharing of Information

I authorize the clinic and its associated health professionals to collect my personal and medical information as documented above. In addition, I authorize the clinic and its associated health professionals to communicate with my family doctor and/or referring doctor as deemed necessary for my beneficial treatment. I also understand that my personal and medical information is confidential and will only be disclosed to third parties with my permission.

I agree

Cancellation Policy

Your appointment time is reserved just for you. A late cancellation or missed visit leaves a hole in the therapists' day that could have been filled by another patient. As such, we require 24 hours notice for any cancellations or changes to your appointment. Patients who provide less than 24 hours notice, or miss their appointment, will be charged a cancellation fee of the full session price

I am aware of the Cancellation Policy.

Explanation of Treatment

I understand that this examination is performed by observing, palpating, and/or inserting a gloved finger into the perineal region including the vagina and/or rectum. The evaluation will assess the skin condition, reflexes, muscle tone, length, strength and endurance, scar mobility, and functional activity of the pelvic floor.

Treatment may include, but is not limited to the following, observation, palpation, use of vaginal or rectal sensors, modalities such as heat, cold, biofeedback, or ultrasound, stretching and strengthening exercises, use of dilators or pelvic wand, therapist conducted internal trigger point release or strain counterstrain techniques, fascial release techniques, soft tissue and or joint mobilization, therapeutic exercises, and educational instruction.

Potential risks: I may experience an increase in my current level of pain or discomfort, an aggravation of my existing injury. These effects are usually temporary; if they do not subside in 1-3 days, I agree to contact my therapist and/ or physician.

Potential benefits: I may experience improvement in my symptoms and an increase in my ability to perform my daily activities. I may experience increased strength, awareness, flexibility, and endurance in my movements. I may experience decreased pain and discomfort. I may gain a greater knowledge about managing my condition and the resources available to me.

The DPT has explained that there is no guarantee that the course of treatment will improve my condition and that is possible, although unlikely, that the course of treatment may cause additional pain or discomfort or aggravate my condition.



Centrality Physical Therapy & Wellness

I agree

Financial Policy

Centrality Physical Therapy & Wellness (CPT&W) requires that all payment be paid at the time of service. By signing this agreement, I understand that CPT&W will not be billing my insurance and I understand that I am entering into care as a cash-pay client. If I as the patient choose to submit claims myself, I understand that my benefits for Physical Therapy services received at CPT&W are out-of-network and reimbursement is not guaranteed by my insurance provider. I agree to pay CPT&W for all treatments at time of service, by card, cash or check unless other mutually agreed upon arrangements have been made. A fee of \$25 is charged on all returned checks

I agree

Multiple late Cancellations and/or No-show policy

Your appointment time is reserved just for you. after 2 late cancellations and/or no-shows, we remove any individual from the schedule and are unable to reschedule for 60 days. If you are interested in rescheduling at the 60 day mark, please do let us know. If that next session is a no-show, then we are unable to schedule any future sessions moving forward.

I am aware of the Multiple late Cancellations & No-show Policy.