



Informed Consent for Women's Health Related Treatment

I am seeking treatment from Tavo Total Health, LLC for an issue that will involve examination and/or treatment of the external and internal area of the pelvis, and/or breast area. _____

I understand that the therapist will be using non-latex gloves (if appropriate) and draping prior to manually examining the breasts, vagina and/or rectum. _____

I understand that I will need to expose these areas in order for my physical therapist to evaluate and treat me. _____

I understand my right to stop examination or treatment at anytime if I choose to. _____

I understand that this MAY help with my symptoms/issue(s) but is not guaranteed to do so. _____

I intend this consent to cover the entire course of my treatment for my present condition and for any other associated conditions related to my therapy at TAVO Total Health, LLC. _____

These are my concerns about treatment in which I will discuss with the Physical Therapist during my evaluation:

I hereby understand and consent to all the above-noted statements,

Signature: _____ Date: _____
