

For staff use only:

Patient Details:

Surname:

First names:

Date of birth:

Peripheral Vascular Disease

Patient Agreement to Podiatric Treatment

Before treatment _____

Most foot care, such as nail and skin care can be provided with little or no concern to most patients attending podiatrists. Occasionally patients undergoing routine foot care do suffer minor breaks to the skin due to the nature of the instruments used and the tasks required to provide the care. Occasionally other medical factors can increase the risk of injury or development of sequelae to provision of the care.

Your podiatrist has noted that you have decreased circulation to your feet. This decreases nutrition to the skin and nails and reduces the reparative processes that should take place in these tissues. Subsequently although your podiatrist will attempt to take appropriate care you need to be aware that you have increased risk of such events as infection, slowed healing and ulceration.

During treatment _____

The foot care provided depends on your particular problem. If corns or calluses are removed this can lead to minor skin damage that can possibly become infected or suffer from delayed healing. Your podiatrist will inform you if this occurs and advise you as to appropriate management. Please ask your podiatrist if you require further information regarding these potential risks.

After treatment _____

When corns and calluses are removed the denuded (thinned skin) can often have temporary reduction in its resistance to abrasion from things such as shoes. This too can make it more prone to injury following treatment. Your podiatrist will provide you with care to reduce this problem however you need to be aware of your increased risk of problems when suffering from peripheral vascular disease. Return to or call your podiatrist if you require further information.

Serious or frequently occurring risks _____

Foot care procedures are generally very safe with few risks, but, as with any procedure, complications can occasionally occur. The risks particularly associated with foot care include minor breaks of skin during removal of corns and callouses or debridement of nails. Breaks in the skin can become infected following treatment and given your reduced circulatory status you are more at risk of this and other associated problems.

Therefore, in the period following your foot care you should contact your Podiatrist, if you notice any of the following problems:

- Increasing pain, redness, swelling or discharge
- Significant bleeding

Alternatives procedures that are available _____

The alternatives to the procedure recommended depend on the nature of the problem to be treated. Often corns and callouses left in place lead to ongoing pain and can lead to ulceration under the corn or callous and even infection. Your podiatrist will probably have already discussed alternatives with you but if you require clarification please ask.

For staff use only:

Patient Details:
Surname:
First names:
Date of birth:

Patient agreement to treatment

Page 1 of 2

Name of proposed procedure or course of treatment

General foot care with reduction of nails and possibly sharp removal of corns and callouses and attention to ulceration.

Statement of health professional

I have discussed the procedure with the patient and explained the following (see previous page for agreed description and risks)

- What the procedure involves.
- The intended benefits of the procedure.
- Any alternative procedures that are available.
- Any serious or frequently occurring risks and what can be done to reduce detect and treat them.
- Any extra procedures that might become necessary during or after foot care

This procedure will involve:

Health professional's signature..... Date:

Name (PRINT): Job title:.....

- I have offered the patient information about the procedure but s/he has refused information.
- An interpreter has been provided. Please document details here

.....

Patient use:

Statement of patient

If your treatment has been planned in advance, you should already have your own copy of this consent form, which describes the benefits and risks of the procedure. If not, you will be offered a copy now. Do ask if you have any further questions. The staff are here to help you. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.**

Please tick boxes to indicate you have understood and agree to the statements below.

- **I agree** to the procedure (or course of treatment) described on this form.
- **I agree** to the use of photography for the purpose of diagnosis and treatment.
- **I agree** to photographs being used for medical teaching.
- **I understand** that any tissue removed as part of the procedure or treatment may be used for diagnosis, stored or disposed of as appropriate and in a manner regulated by appropriate, ethical, legal and professional standards.
- ***I agree** that tissue removed and the results of diagnostic tests, may be used for teaching, audit and research that could benefit other patients . * Delete as appropriate.
- **I have been told** about additional procedures that might become necessary during my treatment.
- I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

.....

.....

.....

Patient's own signature: Date:

Name (PRINT):

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

Witness's own signature: Date:

Name (PRINT):

Important notes: (tick if applicable)

- The patient has withdrawn consent (ask patient to sign/date here)
-
- The patient has been given a copy of this signed form (the top copy is in the patient's records)