

# JEFF PODIATRY

## Consent for Treatment

### PERIPHERAL VASCULAR DISEASE/DIABETIC PATIENT

I understand that I have poor circulation and this is a condition that may/will get worse. I know that I have a risk of disease or complications because I have poor circulation/diabetes, even with professional care and treatment.

**I understand that I have the following treatment options:**

- \_\_\_\_\_ 1. No treatment
- \_\_\_\_\_ 2. Special/wider shoes
- \_\_\_\_\_ 3. Padding
- \_\_\_\_\_ 4. Periodic treatment to make me more comfortable
- \_\_\_\_\_ 5. Antibiotics and/or other medications
- \_\_\_\_\_ 6. Limit my walking/weight-bearing time
- \_\_\_\_\_ 7. Change in occupation
- \_\_\_\_\_ 8. Surgery
- \_\_\_\_\_ 9. \_\_\_\_\_

**I understand that with any treatment of my condition, including surgery, the following risks are present:**

- \_\_\_\_\_ 1. Infection
- \_\_\_\_\_ 2. Delayed healing
- \_\_\_\_\_ 3. Wound deterioration or breakdown
- \_\_\_\_\_ 4. Additional danger of artery/vein clotting (blood clot)
- \_\_\_\_\_ 5. Skin tissue death/skin ulcer
- \_\_\_\_\_ 6. Loss of toe, foot, limb, or life
- \_\_\_\_\_ 7. Drug reaction
- \_\_\_\_\_ 8. \_\_\_\_\_

These risks are present in all operations/treatment. However, I understand that my poor circulation/diabetes increases my risk for complications. If I have one or more of these complications, I UNDERSTAND THAT MY FUTURE CARE AND TREATMENT MAY BE MORE DIFFICULT AND THE OUTCOME MORE UNCERTAIN.

NON-TREATMENT OF MY FOOT PROBLEMS also presents serious risks to me. My foot problems could get worse, and I might have new complications such as infection, skin ulcer/breakdown and loss of toe, foot, limb, or life.

I certify that I know or have been informed that I have a systemic condition (peripheral vascular disease/diabetes). I UNDERSTAND AND ACKNOWLEDGE MY PODIATRIST WILL TREAT ONLY MY FOOT (and ankle) CONDITIONS AND WILL NOT TREAT DIRECTLY MY SYSTEMIC CONDITIONS (peripheral vascular disease/diabetes).

My podiatrist has explained the above information and the alternatives/material risks to me, I understand this explanation, and I authorize my podiatrist to treat my foot condition(s).

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_