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Consent for Treatment- FORM E

PERIPHERAL VASCULAR DISEASE/DIABETIC PATIENT

I understand that as a diabetic I could have poor circulation and this is a condition that may/will get worse. I know this is a risk in diabetes, even with professional care and treatment. If this occurs

I understand that I have the following treatment options:

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

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 poor circulation 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 _____