



The Pampered Foot Consent and Permissions Form

I, _____, patient, substitute decision maker, agree to permit Julie Paulin, RN, CFCN to complete assessments of my feet & lower extremities and to provide nursing foot care.

The instruments utilized in the delivery of this treatment are high quality medical instruments and are sterilized per state health and medical device regulation.

The nature, benefits, anticipated effects, available alternatives and risks of the treatment have been explained to me and I understand the explanation. I understand the risks involved in nursing foot care are small however injury can occur during the process of assessment and treatment.

Benefits of Nursing Foot Care:

- Promotes healthy feet
- Minimizes pain and discomfort
- Prevents foot and nail infection
- Relieves foot ailments
- Improves circulation
- Protects skin integrity
- Prevents diabetic foot ulcers
- Helps prevent loss of toes or foot
- Improves quality of life

Risks Involves in Nursing Foot Care:

- Cuts and nicks of the skin surrounding the nail with resultant bleeding and possible pain.
- disintegration of the nail during the treatment.
- excessive thinning of the skin when Treating corns and calluses.

I have been provided the opportunity to ask question and my questions have been answered satisfactorily.

I understand that the foot care services provided are not covered by insurance or Medicare and I agree to pay the service fee directly to the care provider upon delivery of the service.

Signature of patient/ representative

Date

Relationship to patient