Sole Therapy

Consent to treatment form

I agree to provide Sara Burke (hereafter referred to as “the Practitioner”) with my full name, address and contact details together with details of my medical history (including all current medication that I take). I understand that these details are a necessary requirement to enable the Practitioner to safely attend to my foot care needs. I understand that I am to be seen and treated by a Foot Health Practitioner (FHP).

I understand that these details will be processed by the Practitioner and will only be accessible to the Practitioner who acts as data processor.

I understand that my personal details are confidential and will be used for no other purpose than for the Practitioner’s clinical records. I understand that my details will not be passed to any third parties without my express permission.

I agree that in the event of a medical emergency my GP can be contacted and any emergency service may access my clinical record as is necessary.

I understand that there is a requirement to keep my details including clinical notes for a designated period after treatment. This will be for a minimum of 7 years following my last treatment or until the age of 25 if I am under the age of 18 at my last treatment date. I understand that my details will be destroyed after this period.

By signing this agreement, I provide consent to the Practitioner to provide foot care treatment. I give the Practitioner permission to perform necessary examinations and assessments, as well as diagnostic procedures as may be deemed necessary, in order to provide me with the best quality of foot care.

Treatments will be explained to me by the Practitioner and I will seek clarity from the Practitioner if I am in any doubt or have any concerns relating to treatment.

By signing this agreement, I provide consent for ongoing foot care in line with my clinical needs.
I understand and am informed that, as in all health care, there are some very slight risks to treatment, including, but not limited to pain, swelling and infection. I do not expect the Practitioner to be able to anticipate and explain all risks and complications and I wish to rely on the Practitioner to exercise judgement during the course of the procedure which the Practitioner feels at the time, based upon the facts then known, are in my best interests. Should any minor injury occur during treatment, all necessary aftercare will be fully explained to me and documented. Should I fail to comply with aftercare advice or fail to immediately advise the Practitioner or, if I am in any doubt as to whether an injury is sustained, and I fail to inform the Practitioner, then the Practitioner will not be held responsible for any adverse consequences.

Signed: Date:

Name:

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Further Information

I am a foot health practitioner (FHP) rather than a chiropodist or podiatrist.

Podiatrist and chiropodist mean the same thing, but podiatrist is the modern term for someone who has undertaken a 3 or 4 year degree in foot health. Although chiropodist is falling out of favour it is still used as a term that the general public are familiar with. Both titles are protected by law, and all podiatrists and chiropodists will be registered with the Health Care Professionals Council.

Podiatry comes from the Greek word pod, meaning foot, while chiropody means hand (chiro) and foot (pod). As podiatry is a more accurate description of the work undertaken it is the terminology now used throughout the profession. Podiatry degrees will cover general foot maintenance, biomechanics, orthotics, podopaediatrics (lower-limb issues in children), surgery, high-risk patient management and more.

As a foot health practitioner I have studied on an approved course and am qualified and insured to provide general foot maintenance to a high standard. If your requirements are outside my remit I will discuss this with you and help you find a podiatrist who can help.

In case of illness

Please be aware of your own health and call me if you have any concerns that you have symptoms of illness that may be catching. Please also let me know if you have been in contact with anyone who has developed symptoms. I am always happy to postpone appointments in these circumstances and appreciate your thoughtfulness.

Equally, if I develop any concerning symptoms I will call you to discuss and potentially postpone. I am also happy to wear a mask throughout your appointment if you would like me to.