CHAPTER **54**

SAYING "NO" – RISK MANAGEMENT CONSIDERATIONS REGARDING PATIENT SELECTION ISSUES

By Barbara Bellione, RN, CPHRM

Each year, a large number of claims arise because a patient had a complication, poor outcome, or was dissatisfied with the care he or she received. There are many common allegations in such claims such as the failure to obtain adequate informed consent, failure to perform a procedure appropriately, failure to timely refer to a specialist, etc. While the allegations are valid in some claims, many times the allegations are not supported by our defense expert reviewers, and it is determined that there was no deviation from the standard of care. Even if the claim is eventually dropped without payment to the claimant, the defendant podiatrist has had to endure the stress of a claim or lawsuit and costs have been incurred to defend the claim.

A common thread in many of these claims is that the patient was classified by the podiatrist as a "difficult patient." The patient was demanding surgery that the podiatrist did not feel comfortable performing, noncompliant, demanding narcotics well past the time narcotics are usually needed, etc. The podiatrist had a "bad feeling" about the patient, but continued to try to accommodate and treat the patient against his/her better judgment.

The following is a review of an actual closed claim that illustrates this issue. (Please note the names of the patient and the insured podiatrist have been changed.)

THE PATIENT

Louise Fletcher was a 40-year-old married mother of two adult daughters. She worked as a bank teller. She first presented to Dr. William Gaut with complaints of persistent pain in both feet after having undergone bilateral bunion surgery by another podiatrist five months previously. She had a history of chronic back, knee and shoulder pain resulting from an automobile accident; anxiety; depression; and obsessive-compulsive disorder.

TREATMENT

Dr. Gaut initially performed an examination of the patient. He noted pain, to even the slightest range of motion, of the first metatarsal phalangeal joints (MPJ) bilaterally. She also had hallux elevatus with a slight increase of temperature in the area of the past surgery. Mrs. Fletcher was extremely emotional during the visit and began to cry when Dr. Gaut examined her. X-rays were taken and the bunionectomy sites appeared to be well healed. Even though the bones were aligned and everything appeared normal, Ms. Fletcher was still complaining of excessive pain.

Dr. Gaut discussed possible differential diagnoses including Complex Regional Pain Syndrome (CRPS), degenerative joint disease, and synovitis of the joints. He prescribed Demerol and Ultram and ordered a bone scan and an MRI. The tests were negative for infection and CRPS. When Mrs. Fletcher returned the following week, she reported that the pain medication was not helping. Dr. Gaut prescribed Oxycontin and instructed the patient to stop taking the Demerol. He also ordered a rheumatoid panel and other blood tests. He told Mrs. Fletcher he wanted to avoid further surgery if possible. The following week Mrs. Fletcher called Dr. Gaut and reported the Oxycontin was making her sick, so he prescribed Vicodin.

Dr. Gaut continued to follow Mrs. Fletcher for chronic pain of the right and left first MPJs. After a month of no improvement, Dr. Gaut discussed surgery with Mrs. Fletcher. He felt she would benefit from fusions of the MPJs. Mrs. Fletcher did not want to have fusions and opted for implants instead. He gave her a prescription for Vicodin for her pain. A total implant arthroplasty of the right first MPJ was performed three weeks later.

Mrs. Fletcher contacted Dr. Gaut the day after surgery with complaints of pain and was prescribed Talwin. She presented on the third post-op day for her first post-op visit. She reported having a significant amount of pain. Dr. Gaut

could not find any objective findings to support Mrs. Fletcher's complaints of pain. There was very little erythema and inflammation and no signs of infection. He instructed Mrs. Fletcher in range of motion exercises and prescribed Demerol for her pain. The following day Mrs. Fletcher called Dr. Gaut stating she could not find the prescription for Demerol, so Dr. Gaut provided her with another prescription.

Two weeks later, Mrs. Fletcher presented to Dr. Gaut's office for her second post-op visit. Her sutures were to be removed at that visit. However, she had removed the sutures the previous week because they were pulling. There were no signs of infection. Dr. Gaut reiterated the need for her to continue range of motion exercises and to wear her post-operative shoe.

At four weeks post-op, Mrs. Fletcher seemed to be doing well, and she wanted to schedule surgery for her left foot. Dr. Gaut tried to talk her out of the left foot surgery, but was unsuccessful.

A left first MPJ implant was performed two weeks later. As with her first surgery, she phoned Dr. Gaut two days after surgery complaining of severe pain in her foot. Dr. Gaut's assistant went to Mrs. Fletcher's home, viewed her foot, and loosened the bandages. He did not see any signs of infection.

Mrs. Fletcher presented for her first post-op visit on the fifth post-op day. Dr. Gaut's examination revealed very little erythema, but a moderate amount of edema. She was instructed to decrease her activity, but to move the toe as much as possible.

Mrs. Fletcher returned to Dr. Gaut's office the following day for an unscheduled visit. She was complaining of a great deal of pain in her left foot. Dr. Gaut examined her and made a differential diagnosis of a hematoma. X-rays of the left foot were taken and showed the alignment of the bones to be normal. Mrs. Fletcher was admitted to the hospital and scheduled for an incision and drainage. Upon exploration of the area, Dr. Gaut found a hematoma which he evacuated. She was discharged with post-operative instructions to watch for signs of infection and to limit her activity. She was also provided with prescriptions for Demerol and Phenergan for pain management.

Mrs. Fletcher returned to Dr. Gaut for a post-op visit one month later. She stated she was doing a lot better, but was still having pain. She returned periodically over the next several weeks with complaints of chronic foot pain, left greater than right. X-rays were taken and the implants appeared to be in correct alignment and everything was noted to be appropriate. Dr. Gaut wanted to wait at least six months before he performed additional surgery. He prescribed Paxil and noted that he planned to refer Mrs. Fletcher to a pain management specialist.

Three weeks later, Mrs. Fletcher returned to Dr. Gaut's office and underwent trigger point injections in both great toes. He wrote her prescriptions for Demerol, Tylox, and Neurontin. Six weeks later, Mrs. Fletcher returned requesting an appointment. She complained of severe foot pain. Dr. Gaut examined her and noted no erythema, edema, or abnormal foot temperature. He discussed the possibility of CRPS even though there were no obvious signs. Dr. Gaut referred her to a pain management specialist.

The pain management specialist's impression was ongoing bilateral foot and toe pain secondary to multiple surgical procedures. He did not believe she had CRPS. He recommended that she use Tylox and Ultram for pain management. Regarding future surgery, he recommended use of long acting narcotic medications for pain control.

One month later, Mrs. Fletcher underwent surgery on her left foot by Dr. Gaut. He removed the old implant, inserted a new implant, and removed a portion of hypertrophied bone from the first metatarsal. Dr. Gaut also performed a trigger point injection of the right great toe.

Mrs. Fletcher again had a difficult post-operative course with complaints of severe pain. Initially, Dr. Gaut could find no objective findings to support her complaints. However, at three weeks post-op, Mrs. Fletcher had pus from the incision site. She was admitted to the hospital for IV antibiotics and her infection cleared.

After she was discharged from the hospital, she asked Dr. Gaut to perform the same surgery on her right foot. Dr. Gaut wanted to wait on the surgery, but Mrs. Fletcher insisted. She again presented to the hospital and Dr. Gaut removed the old implant from her right MPJ and inserted a new implant. She was admitted postoperatively for IV antibiotics and pain control. During the hospitalization, Mrs. Fletcher took the maximum amount of pain medication, but continued to complain of severe pain. Mrs. Fletcher was extremely upset that she could not obtain additional pain medication and after three days, she left against medical advice. Dr. Gaut felt Mrs. Fletcher had developed a problem with the pain medications and should consider rehabilitation. He offered to continue to monitor her postoperatively as an outpatient or to refer her to another doctor.

Mrs. Fletcher decided to continue her post-operative care with Dr. Gaut. Her surgical site was healing appropriately, but she continued to complain of a great deal of pain. Dr. Gaut referred her to an orthopedic surgeon for a second opinion. The orthopedic surgeon thought Mrs. Fletcher would benefit from fusions of the first MPJs. Mrs. Fletcher did not want to have fusions and

requested another opinion. A second orthopedic surgeon also recommended fusions which she refused. At her last visit with Dr. Gaut, a year after her first visit, she continued to have chronic pain in both feet. Mrs. Fletcher cancelled her next appointment and informed Dr. Gaut's receptionist she would not be returning.

INJURY

Mrs. Fletcher eventually underwent a fusion of both MPJs and continues to complain of chronic bilateral great toe pain.

ALLEGATIONS

- Failure to obtain proper informed consent prior to performing the joint Arthroplasty procedures;
- Performing unnecessary surgery;
- Failure to rule out CRPS prior to proceeding with additional surgical intervention;
- Failure to allow Mrs. Fletcher to fully recover from her first surgery prior to consideration of the performance of subsequent procedures;
- Failure to advise Mrs. Fletcher of the nature of her post-operative complications; and
- Failure to appropriately perform the surgeries.

OUTCOME

The discovery process yielded the following:

- Dr. Gaut did document an informed consent discussion with Mrs. Fletcher and there was a consent form signed by Mrs. Fletcher in her medical record.
- The defense expert witness felt the surgeries were necessary and performed appropriately.
- Dr. Gaut did consider CRPS prior to proceeding with surgery and he continually watched for signs and symptoms of CRPS. He also discussed this possibility with Mrs. Fletcher. He did not think Mrs. Fletcher had CRPS, and none of Mrs. Fletcher's subsequent treating physicians diagnosed her with CRPS.
- While Mrs. Fletcher had five surgical procedures within six months, the surgeries were divided between two different feet. The first surgery was done on the right foot and the second surgery, performed a month later, was on the left foot.

However, there were several problems with the defense of the case, including:

- Several surgeries were performed on an obviously unstable patient.
- A large number and variety of narcotics were prescribed, and the patient became dependent upon the narcotics.
- Dr. Gaut delayed referring the patient to a pain management specialist until after the second surgery. Instead he attempted measures to alleviate the patient's pain.

Due to concerns with the defense of the case, a decision was made to attempt to settle the case prior to trial. A mediation was held and the case was settled for $150,000.

What can a doctor do to reduce his or her risk of becoming involved in a claim or lawsuit in this type of situation?

While treatment or a particular procedure may be indicated, not all patients are candidates for the treatment or procedure. If in the process of taking the patient's initial history or in the course of treating a patient, a patient presents with certain "red flags" (Table 1), you might want to consider other options.

For example, if you feel the patient will not have a good post-operative outcome based on the patient's history of subjective chronic pain or emotional problems document your rationale for making that determination. Then talk to the patient about why he/she is not a surgical candidate and discuss other treatment options. If a patient insists on having surgery against your better judgment, you may refuse or refer him or her to another doctor.

What if a patient is requesting narcotics well after the time narcotics are usually indicated? If there is no objective evidence that the patient needs narcotics, or the when not indicated patient is complaining of an unusual amount or duration of pain for which you cannot account, consider discontinuing narcotic prescriptions and referring the narcoticspatient to a specialist (e.g., pain management) for further evaluation and treatment.

While you do have a duty to provide the standard of care to your patients, you are not bound to provide treatment against your better judgment. If you and your patient cannot agree on a plan of treatment, consider formally terminating your relationship with the patient.

LEGAL NOTICE/DISCLAIMER

The information contained in this patient education tool does not establish a standard of care, nor does it constitute legal advice. The information is for general informational purposes only and is written from a risk management perspective to aid in reducing professional liability exposure. Please review this document for applicability to your specific practice. You are encouraged to consult with your personal attorney for legal advice, as specific legal requirements may vary from state to state.

SAMPLE PATIENT EDUCATION TOOL

What is a bunion?

A bunion is a bump on the big toe side of the foot and is actually bone. It may be red and painful whether you are walking or resting. The first metatarsal, the large bone located where the toe meets the foot, rotates outward and pushes your big toe inward toward your other toes. This can sometimes cause your toes to overlap, which causes pain.

What causes bunions?

Bunion formation runs in families, so if a parent or other relative has a bunion, you have a higher risk of also developing a bunion. Bunions can be irritated by friction from ill-fitting shoes. Wearing high-heeled shoes puts unwanted pressure on the joints of the forefoot, which can result in painful bunions. Bunions may be caused by a congenital anatomical deformity, flat feet, a tight Achilles tendon, polio, or rheumatoid arthritis. Even if you develop a bunion, it may not progress to the point where it needs surgical correction. Nonsymptomatic bunions can sometimes be managed by appropriate shoegear and orthotics.

When choosing shoes, follow these tips:

- Judge the shoe by how it fits and feels on your foot, not by the size marked on the shoe or the box.
- Measure your feet regularly as you grow older. Foot size changes with age.
- Try on shoes late in the day when your feet are at their largest.
- Do not wear shoes that feel too tight. Do not expect them to stretch.
- Make sure your heel fits comfortably in the shoe with minimum slippage.
- Walk around in the shoe to make sure it fits well.

Diagnosing bunions

Diagnosis of bunions is based on physical examination, a complete history of your symptoms, and diagnostic studies. Diagnostic studies help the podiatrist determine the precise nature of the deformity. He or she can determine the extent of the problem with the big toe and how much the second toe is involved. Your podiatrist will assess your standing and walking to determine whether or not your gait is affected. Your range of motion will be tested as well, and a vascular and neurologic assessment will also be made prior to treatment.

Conservative treatment of bunions

Before surgical correction of bunions is undertaken, the podiatrist may treat your bunion with conservative measures.

Conservative treatment modalities may include:

- Activity modification, rest and elevation of the affected foot;
- Changing to footwear that puts less pressure on the tender area;
- Soaking the foot in warm water;
- Anti-inflammatory medications;
- Steroid injection into the area surrounding the affected joint;
- Orthotic devices;
- Using cushioned padding in the shoes;
- Taping the foot to retain normal positioning;
- Physical therapy, including ultrasound therapy or whirlpool baths.

Surgical correction of bunions

If nonsurgical treatment is not successful, your podiatrist may suggest surgery. Studies show that 85-90% of patients who have bunion surgery are satisfied with the results. The goal of bunion surgery is not to improve the cosmetic look of your foot. The goal of such surgery is to relieve your pain and correct your foot deformity.

If your bunion causes foot pain that restricts your everyday activities, you may benefit from bunion surgery. Other indications for surgical correction include chronic inflammation that does not improve with rest or medication.

Preparation for surgery

If you decide to have bunion surgery, your podiatrist or your personal physician will assess your general health. If you have a chronic illness, you may need preoperative clearance from your treating physician. Conditions such as diabetes, rheumatoid arthritis, or circulatory difficulties could negatively impact your healing and could increase postoperative pain.

Be sure to tell your podiatrist what medications you take regularly, including herbal or natural remedies. Follow your podiatrist's instructions on which medications you should or should not stop taking before surgery.

You may or may not be required to have blood tests, cardiac testing, chest X-ray, or urinalysis in addition to foot X-rays or other imaging studies. You may need to get clearance from your personal physician.

The usual surgical outcome

Most patients have a significant decrease in pain after surgery and greatly improved alignment of the big toe. Your outcome will depend on how severe your bunion deformity was before surgery, your medical condition, your age, and your compliance with postoperative instructions. In general, there may be some degree of swelling of the foot for three to six months following surgery.

Your podiatrist will follow you closely during this postoperative period and recommend exercises or physical therapy to improve foot strength and range of motion. Depending on the extent of your condition, you can expect a recovery period of at least six to eight weeks, or longer. During that time you may be required to wear a special shoe or boot, or even a cast to provide stability to the foot. Your doctor will tell you when you can walk on your foot again.

Risks of bunion surgery and potential complications

Even the most minor surgical procedure has a degree of risk. Your podiatrist will go over the most common problems that have occurred after bunion surgery. These include infection, recurrence of pain, nerve damage (which could be chronic), recurrence of the bunion, poor healing, bleeding, scarring, blood clots, or allergic reaction. Most complications are treatable, but may increase your recovery time. Although it is rare, you could experience stroke, heart attack, loss of a limb, or death.

Your podiatrist will go over all these possibilities with you so you have a full picture of what to expect. After he or she has described these potential risks to you, you will be asked to sign a form called an informed consent form. Be sure to ask questions if you are uncertain about what you are being told, and make sure your questions are answered to your satisfaction. Your signature on this form indicates that your questions have been answered and you have been informed of the risks and potential complications of bunion surgery.

Types of bunion surgery

Your podiatrist will determine which type of surgical procedure is right for you. There are many different types of surgical procedures for treating bunions, many of which are named after the doctors who developed them. Examples of these are Keller bunionectomy, McBride technique, and Austin osteotomy. Ask your doctor to explain the type of procedure he or she feels is best for you.

Many bunion surgical procedures are done as outpatients. You will be asked to arrive at the outpatient facility one to two hours before the surgery, and can usually go home an hour or two after the surgery. The procedure itself will take about one hour.

The type of anesthesia used will depend on the type of surgery done, your condition, and the anticipated length of the surgery. Most bunionectomies are done with a local anesthetic agent to numb the area. In some cases you may have general anesthesia. After surgery you will go to the recovery room. You will have one or more scars after the surgery, depending on the type of surgery performed.

Postoperative recovery

It is important that you follow your podiatrist's instructions completely following the surgery. You will be following up with visits to your podiatrist regularly for several months after your surgery.

You should call the office immediately if you notice any of the following:

- Fever of 101oF or higher and/or chills;
- Persistent, uncomfortable warmth or redness around the dressing;
- Persistent or unbearable pain;
- Bloody drainage;
- Nausea and/or vomiting;
- Pain, redness, or swelling in one or both legs;
- Feeling anxious;
- Chest pain, shortness of breath, or coughing.

You will be sent home after surgery with a dressing to hold your toe in the realigned position. You may or may not receive a special surgical shoe to wear for some time. You should notify your podiatrist if your dressing comes off or gets wet, or if you notice blood or other drainage on it. It is very important to leave the dressings in place and not get them wet or dirty. If you have difficulty with your dressings, call your podiatrist.

Postoperative office visits

Ordinarily you will see your podiatrist three or four days after surgery for a dressing change, and postoperative X-rays may be taken at that time. About two weeks after surgery your podiatrist will remove the stitches. Once the stitches are removed, you may be able to bathe normally. Be sure to ask your doctor for instructions.

Your doctor will let you know when you can start to wear shoes, and the best type for you. You should continue to faithfully do the exercises your podiatrist has given you. Apply skin emollients, such as aloe vera or vitamin E, around the healing wound as directed. Your doctor will instruct you on when you can walk, drive, and resume other activities.

The postoperative course varies for individuals. For some patients, swelling may last longer and healing may take more time than anticipated. You should try to keep your foot elevated as much as possible immediately after the surgery. Your doctor may instruct you to apply ice to your foot. If so, ask him or her to provide you with specific instructions on how to do this. You could experience some swelling in your foot for several months following the surgery. Contact your doctor if you have questions about your swelling.

Exercise

Be sure to engage in the exercises your podiatrist recommends. These exercises will help restore your range of motion and your foot strength. Do not engage in any strenuous or weightbearing exercises that are not recommended by your podiatrist.

SAMPLE FORMS

All of the sample forms included in this handout, plus many other sample forms and risk management resources, are available to PICA policyholders on PICA's website: www.picagroup.com. Once you have logged into the site, go to the "Risk Management" tab. You may download the files to your computer.

LEGAL NOTICE/DISCLAIMER

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Informed Consent Form

Note: This authorization is to be reviewed with the patient and signed by the patient PRIOR to the date of surgery, at a surgical consult or pre-surgery visit. It must not be reviewed for the first time and signed on the day of surgery.

Authorization for Surgery/Treatment

Patient: _____

As the patient, you have both the right and responsibility to make decisions about your health care. Your physician can give you information and advice, BUT IT IS YOUR DECISION WHETHER OR NOT TO UNDERGO SURGERY.

1. I give my permission to Dr. _____ to perform the following operation/procedure/treatment on me: _____

   _____ _____

   Site/Location Side

   The purpose of the operation or procedure is to: _____

   _____

2. I understand that the **potential benefits and outcomes** of the operation/procedure/treatment include, but are not limited to:

   _____

   _____

   _____

3. I understand that the **potential risks and complications** associated with the surgery/procedure/treatment include, but are not limited to [check only those potentially applicable]:

	Infection		Allergic reaction to suture or other implanted materials
	Redness and/or swelling of operated areas		Damage to blood supply/circulation (such as blood clots)
	Poor healing of incisions and/or bones		Damage to nerves (burning, tingling, stinging, numbness)
	Failure of the incisions and/or bones to heal		Loss of implant through degeneration
	Excessive bleeding		Loss of toe, foot, limb or life
	Operation/procedure/treatment may not work		Permanent swelling/enlargement of toe, foot or limb
	Condition or pain may come back		Paralysis/paraplegia/quadriplegia
	Condition/disability may get worse		Brain damage
	Bad or allergic reaction to anesthesia		More treatment or surgery may be needed
	Painful or large scars		Significant or permanent pain (such as CRPS)
	Calluses or sores may develop on the foot		Stroke/heart attack/death
	Fracture or dislocation of a bone		Other: _____
	Swollen toe/stiff toe/shorter toe/elevated toe		Other: _____
	Difficulty in walking/wearing shoes/playing sports		Other: _____

4. **Alternatives** to this surgery/procedure/treatment for my condition have been discussed with me. These include but are not limited to [check only those applicable]:

	Wide shoes or change in shoe gear		Orthotic shoe inserts		No treatment at all
	Periodic care		Change in occupation		Other: _____
	Antibiotics		Injections		Other: _____
	Padding and strapping		Physical therapy		Other: _____

5. **Serial Procedures** – I understand that I will receive a series of the same treatments over a time period not to exceed ____ days. From ___/___/___ to ___/___/___. **N/A** _____

6. I understand that other practitioners such as surgical assistants, surgical residents, physician assistants, nurses, and other surgical staff may assist the doctor named above in performing my surgery and I give my permission for them to do so.

7. I consent to the use of anesthesia, except for _____ _____.
8. I consent to the taking of x-rays; blood samples and/or urine samples for laboratory testing; and other tests that may be necessary.
9. I consent to the use and transfusion of blood and blood products if my doctor feels it is necessary. I understand that my doctor will not be responsible for any bad reactions as a result of a transfusion.
10. I consent to the disposal of any tissues or parts which may be taken out during the procedure.
11. I have told my doctor about all my allergies. (LIST ALLERGIES) _____
    _____
12. I have told my doctor:
    a. About all of the drugs I take, including prescription and over-the-counter medications, herbal products, nutritional supplements, and recreational drugs;
    b. About all of my medical conditions such as allergies, pregnancy, epilepsy, herpes, HIV/AIDS, diabetes, circulation problems, etc. that I am aware of;
    c. If I smoke;
    d. If I abuse alcohol or drugs.

    I will accept full responsibility for any problems with my treatment that may result because of my failure or refusal to tell my doctor about these things.
13. I understand that no guarantees or promises have been made to me about the results of this operation/procedure/treatment.
14. I understand that sometimes during surgery, it is discovered that additional surgery may be needed. I give my doctor permission to do additional surgery if he/she feels it is necessary.

I certify that I have read, or had the form read and explained to me, and that I fully understand its contents. I have been given ample opportunity to ask questions, and my questions have been answered to my satisfaction. All blanks or statements that required completion were completed and all statements that I do not approve were stricken before I signed this form.

I understand the risks, benefits, and alternatives to the proposed operation, procedure, or treatment. I consent to the operation, procedure, or treatment to be performed. **YES** _____ **NO** _____

_____ _____
Signature of patient *Date/Time*

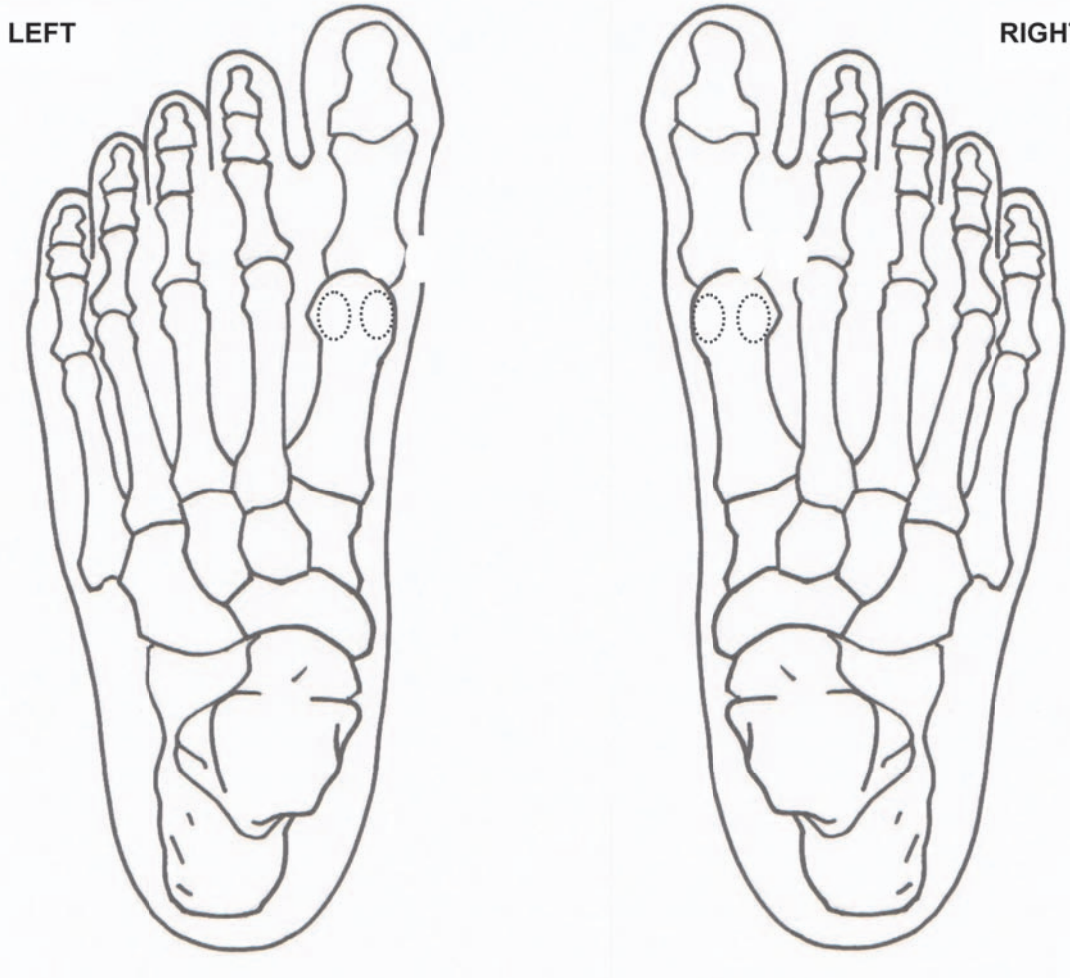
_____ _____
Witness *Date/Time*

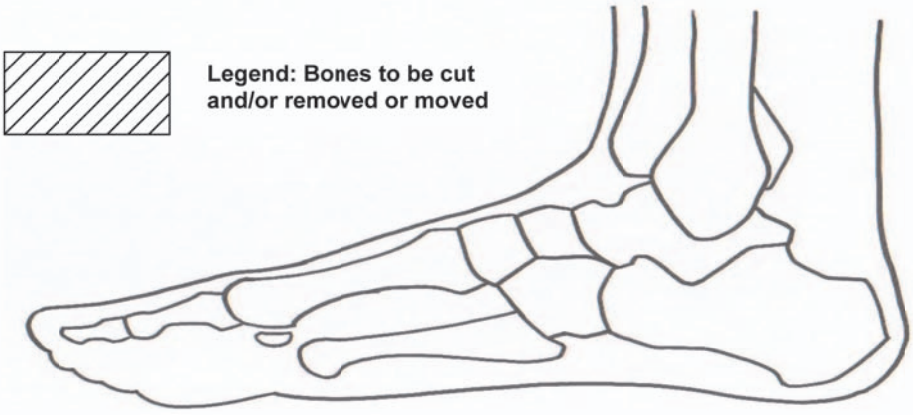
The patient is unable to consent because: _____
Therefore I consent for the patient.

_____ _____ _____
Legal Representative of the patient *Date/Time* *Relationship*

I declare that I have personally explained the above information to the patient or the patient's legal representative.

_____ _____
Physician *Date/Time*

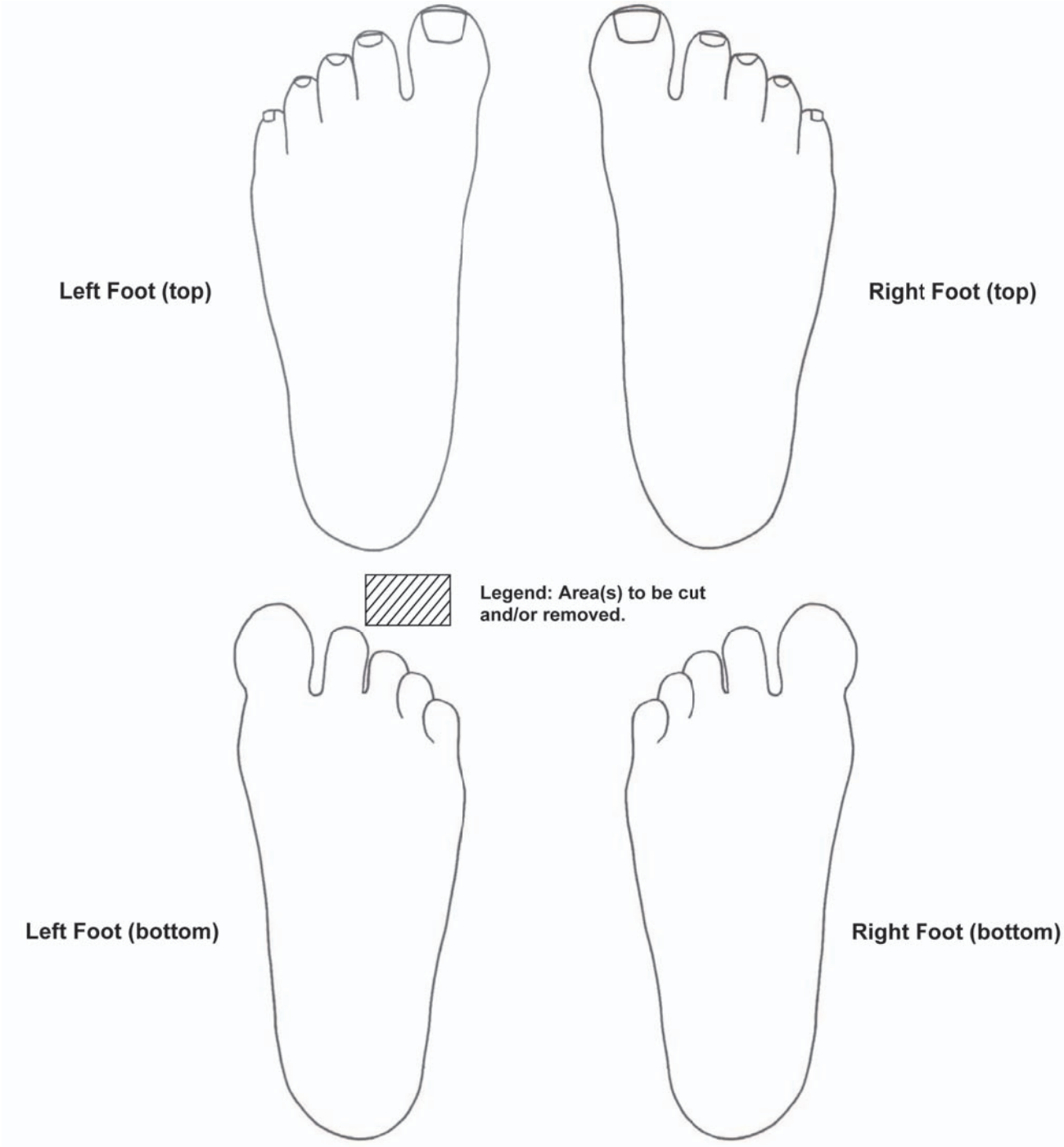




These diagrams were explained to me and I understand them.

Patient or Legal Representative Signature: _____ Date: _____

Witness Signature: _____ Date: _____



These diagrams were explained to me and I understand them.

Patient or Legal Representative Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Consent for Treatment

PERIPHERAL VASCULAR DISEASE/DIABETIC PATIENT

(Note: If surgery is to be performed, this form is to be used in conjunction with a surgery consent form.)

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, 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. 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 my 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). My podiatrist has advised me to see a vascular surgeon or other medical specialist. 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 _____

Witness _____ Date _____

Physician Signature _____ Date _____

Authorization to Treat Minor Patient in Absence of Parent/Guardian

Name of minor patient: _____ Date of Birth: _____

I certify that I am the parent and/or legal guardian of _____.
(Name of child)

I authorize _____ to bring my child to office visits with
(name of person bringing child to office)

Dr. _____ and to consent to the examination and/or treatment of my child.
(name of physician)

This authorization:

☐ is effective on _____.

☐ is effective from _____ to _____.

☐ is effective until revoked by me in writing.

I reserve the right to revoke this authorization at any time by writing to the above-named physician.

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Patient Telephone Record

Date: _____ Time: _____AM/PM Message Taken by: _____

Patient: _____

Caller: _____Relation to Patient: _____

Phone: _____ (H) _____(W) Date of Last Visit: _____

Call is: ☐ Urgent ☐ Routine ☐ FYI

Reason for Call: _____

Allergies: _____NKA: _____

Current Medications: _____

Medical Problems/Chronic Illnesses: _____

_____

Pharmacy: _____ Phone: _____

Physician's Notes and/or Instructions: _____

_____

_____

Physician's Initials: _____ Date: _____ Time: _____ AM/PM

Follow-up Message Given to Patient: _____

_____

_____

_____

Time: _____ AM/PM By: _____

Pharmacy Called: ☐ Yes ☐ No Time: _____ AM/PM By: _____

Patient Response/Other Problems or Questions: _____

_____

Sample Missed Appointment Letter

[Letterhead]

Dear ***[Patient]***:

Despite our attempts to schedule your ***[post-operative/follow-up]*** appointments at a time convenient for you, you have missed ***[number]*** appointments. We have communicated to you ***[method of communication – by mail, by phone, at the last visit, etc.]*** the importance of receiving ***[post-operative/follow-up]*** care for ***[patient's condition]***.

I would like to repeat the more likely risks of not keeping your ***[post-operative/follow-up]*** appointments:

_____
_____
_____.

Please call our office immediately to schedule an appointment as soon as possible.

Sincerely,

(Doctor)

Instructions:

1) Send letter to patient by certified mail, return receipt requested and by regular mail simultaneously.
2) Place copy of letter and return receipt in patient's medical record.

Note: If the patient does not return within a reasonable amount of time, consider terminating the patient from your practice. See sample Termination of Physician-Patient Relationship letter.

REFUSAL OF CARE FORM

Patient:_____Age:_____

Medical condition at issue:_____

Person being advised (if other than patient):_____
Physician advising:_____

My physician, named above, has advised that I, or an individual for whom I am a legal guardian, undergo the following test(s), referral(s), consultation(s), treatment(s), or procedure(s):

_____
_____
_____

My physician has explained the above test(s), referral(s), consultation(s), treatment(s), or procedure(s) to me. In doing so, my physician has explained to me the risks and benefits of his or her recommendation; the alternatives, if any, to this recommendation; and the risks and consequences of not receiving the recommended test(s), treatment(s), or procedure(s). Specifically, my physician has advised me of the following material risks in refusing the above recommended medical care:

_____
_____
_____

I have had the opportunity to ask questions about the proposed recommendation and the risks associated with my refusal of care, and my physician has answered any questions I have asked to my satisfaction.

Despite the recommendation of my physician and with the knowledge I have regarding this recommendation, I have decided NOT to accept/permit the test(s), referral(s), consultation(s), treatment(s), or procedure(s) listed above. I understand that my refusal of this recommended medical care may seriously affect my health or the health of the person under my guardianship.

_____ _____ _____
Patient/Guardian Date Time

I have recommended the above medical care for this patient. To the best of my knowledge, the patient or patient's guardian understands the material risks associated with refusal of the above care, including the specific risks listed above.

_____ _____ _____
Physician Date Time

Termination of Physician-Patient Relationship Letter

(Note: Special conditions may apply for patients who are members of managed care organizations.)

[Office Letterhead]

[*Date of Letter*]

[*Patient Name & Address*]

Dear _____:

This letter will serve as formal notice that I will no longer be able to provide podiatric care to you because [*REASON*]

(Sample language for reasons includes:

- *I am retiring, moving out of the area, etc.*
- *You have consistently failed to follow my advice and recommendations.*
- *You have not followed through with arrangements to pay the balance due on your account.*
- *There are important differences in our views of medical care and treatment.*
- *The present nature of our physician-patient relationship.*

I will continue to provide care to you until [*DATE – at least 30 days from the date of the letter*]. This period of time should give you ample opportunity to select a podiatrist of your choice from the many competent practitioners available in the area. Upon receipt of your written request, I will forward a copy of your medical record to your new podiatrist. A medical records release authorization form is enclosed for your convenience.

[*If the patient has a condition that requires continued medical treatment or follow-up, include the following: It is important for you to continue with treatment because of your current medical condition. Therefore, I encourage you to select a physician promptly and place yourself under his/her prompt and ongoing care*.]

Very truly yours,

_____, DPM

Instructions:

3) Send letter to patient by certified mail, return receipt requested and by regular mail simultaneously.
4) Place copy of letter and return receipt in patient's medical record.