



## INFORMED CONSENT FOR PEDORTHIC CARE

### Please Read Carefully

I hereby request and consent to the performance of assessment, gait analyses and orthotic fitting.

I understand and am informed that in the practice of Pedorthics there are some risks to assessment, gait analysis and orthotic fitting including, but not limited to, bruising, minor aches/pain or soreness, infection, and falling.

I have been advised that a written prescription from my medical doctor is needed to describe the condition for which the orthotic is required. Only then, will the practitioner continue with providing Pedorthics services.

I do not expect the practitioner to be able to anticipate and explain all possible risks and complications. I wish to rely on the practitioner to exercise judgement during the course of the assessment, gait analyses, fitting and follow up visit which the practitioner feels at the time, based upon the facts then known, is in my best interests. I understand that the results are not guaranteed.

I have read the above consent form. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above-mentioned Pedorthics procedures. I intend this consent to cover the entire course of treatment for my present and future conditions for which I seek treatment.

### N.B Female Patients

I fully understand that in the case of pregnancy, a risk of causing fetal distress with Pedorthics assessment(s) is possible Due to falling or tripping during the visit.

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Date Signed

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Print Name

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Signature of patient (or parent/guardian)