

**PHYSICIAN CONSENT FOR CLIENT TO ATTEND
ORANGE COUNTY DEPARTMENT ON AGING – FIT FEET PROGRAM
FOOT HEALTH ASSESSMENT AND NAIL TRIMMING CLINIC**



Please take this form with you when you see your medical provider. Your provider will determine if it is acceptable for you to attend the Department on Aging FIT FEET PROGRAM. You must bring the completed form with you to your appointment.

TO THE PHYSICIAN:

The Orange County Department on Aging offers a Foot Healthy Assessment Clinic to provide education by specially trained registered nurses in the care of one's feet. The client's feet are examined and if obvious or potential pathology is found, the client is referred to his/her medical provider for follow-up. If there is no need for physician follow-up at the time, then the specially trained nurses provide a nail-trimming service.

Clients, who have been identified as having potential foot pathology, must make an appointment with their physician for follow-up and receive their physician's written consent prior to access to the Foot Care program.

Clients **CANNOT** be seen in the program without a physician's consent prior to the initial visit.

Please complete the following and return to the client:

Date: _____

I have assessed _____'s feet and lower extremities.
(Patient Name)

_____ I approve this client's receiving assessment and nail trimming through the Orange County Department on Aging's Foot Care Clinic.

_____ I do not recommend this client receiving care through the Orange County Department on Aging's Foot Care Clinic.

Physician's Name: _____

Physician's Signature: _____