

EMS Patient Refusal Checklist

EMS Agency

Date

Time

Patient Name

Age

Phone #

Incident Location

Incident #

Situation of Injury/Illness

Check marks in shaded areas require consult with Medical Command before patient release

Patient Assessment:

Suspected serious injury or illness based upon patient history, mechanism of injury, or physical examination:

Yes No

18 years of age or older: Yes No

Any evidence of: Suicide attempt? Yes No

Patient Oriented to: Person Place Time Event Yes No

Head injury? Intoxication? Chest Pain? Dyspnea? Syncope? Yes No

Vital Signs: Consult Medical Command if: If altered mental status or diabetic... SpO2 (if available):

Risks explained to patient: Patient understands clinical situation Patient verbalizes understanding of risks patient's plan to seek further medical evaluation:

Medical Command:

Physician contacted: Facility: Time: Command spoke to patient: Command not contacted: Why? Medical Command orders:

Patient Outcome:

- Patient refuses transport to a hospital against EMS advice Patient accepts transportation to hospital by EMS but refuses any or all treatment offered Patient does not desire transport to hospital by ambulance, EMS believe alternative treatment/transportation plan is reasonable

This form is being provided to me because I have refused assessment, treatment and/or transport by an EMS provider for myself or on behalf of this patient. I understand the EMS providers are not physicians and are not qualified or authorized to make a diagnosis and that their care is not a substitute for that of a physician. I recognize that there may be a serious injury or illness which could get worse without medical attention even though I (or patient) may feel fine at the present time. I understand that I may change my mind and call 911 if treatment or assistance is needed later. I also understand that treatment is available at an emergency department 24 hours a day. I acknowledge that this advice has been explained to me by the EMS crew and that I have read this form completely and understand its terms.

Signature (Patient or Other) Date EMS Provider Signature

If other than patient, print name and relationship to patient Witness Signature