SAMPLE EMS REFUSAL FORM
REFUSAL OF TREATMENT, TRANSPORT AND/OR EVALUATION

PLEASE READ COMPLETELY BEFORE SIGNING BELOW!

Because it is sometimes impossible to recognize actual or potential medical problems outside the hospital, we strongly encourage you to be evaluated, treated if necessary, and transported to a hospital by EMS personnel for more complete examination by a physician.

You have the right to choose to not be evaluated, treated or transported if you wish; however, there is the possibility that you could suffer serious complications or even death from conditions that are not apparent at this time.

By signing below, you are acknowledging that EMS personnel have advised you, and that you understand, the potential harm to your health that may result from your refusal of the recommended care; and, you release EMS and supporting personnel from liability resulting from refusal.

PLEASE CIRCLE THE FOLLOWING THAT APPLY:

I refuse:
EVALUATION   TREATMENT   TRANSPORT

□ IF YOU CHANGE YOUR MIND AND DESIRE EVALUATION, TREATMENT, AND/OR TRANSPORT TO A HOSPITAL, YOU MAY RE-CONTACT THE EMS SYSTEM AT ANY TIME.

Patient’s Printed Name ___________________________ Age____ DOB____ Phone #_________
Patient’s Address_______________________________ City___________ State____ Zip________

Signature__________________________________ Relationship, if applicable______________

Witness Signature_________________________ Witness Printed Name___________________

Date and Time_________________________

BP________Pulse________Resp.________Skin________Pupils________LOC________

1. Oriented to person, place, and time? □ Yes □ No
2. Coherent speech? □ Yes □ No
3. Auditory and/or visual hallucinations? □ Yes □ No
4. Suicidal or homicidal? □ Yes □ No
5. Able to repeat understanding of their condition and consequences of treatment refusal? □ Yes □ No
6. Narrative: describe reasonable alternatives to treatment that were offered; the circumstances of the call; specific consequences of refusal; and, names of family or witnesses present:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

EMS Agency Name     Printed Crew Names     Signature of EMS Provider