
Refusal of Medical Evaluation, Treatment and/or Transportation

The patient is at least 18 years old and does not appear to be experiencing any altered mental status and appears to have the capacity to understand the current situation.

“I hereby acknowledge that I have been advised by emergency medical personnel that evaluation, treatment and/or transportation are necessary for my condition. I have also been informed that I risk medical consequences if I refuse to be examined, treated and/or transported by emergency medical personnel. I hereby state my refusal to follow this advice and refuse further evaluation, treatment and/or transportation to a medical facility.”

Patient's Name: _____ Date: _____

Patient's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

EMT or Paramedic Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Witness EMS Agency Affiliation or Address: _____

Instructions for EMS Personnel

- 1) Complete this form in ink.
- 2) Fill in patient's name, and the date.
- 3) Read the statement slowly and clearly to the patient. Ask if they understand what it says.
- 4) Have the patient sign on the “Patient Signature” line, or on the “Parent/Guardian” line if appropriate. If the patient or parent/guardian refuses to sign, or you are unable to obtain a signature for any other reason, simply make a note to that effect, sign the form and have it witnessed.
- 5) Obtain a signature from a witness (preferably someone from your agency), and note that person's EMS agency affiliation or address.

Not Transported: Patients left at scene or transported by a private occupancy vehicle.
 Low Blood Sugar: Patients treated for hypoglycemia and not transported.

Transported: Patients transported by BLS, ALS or a private ambulance.
 High Blood Pressure: Patients with a systolic ≥ 160 OR diastolic ≥ 100 .

This health information is provided as a public service by your local fire department

Not Transported

Your condition did not require emergency vehicle transport at this time. Please understand that your situation may still require follow up medical attention. If your condition worsens, seek medical help or call 9-1-1.

Transported

You are being transported to a medical facility for further medical care. You may be billed for this service.

Low Blood Sugar

Your fire department measured your blood sugar during your medical emergency. Before treatment, your blood sugar level was _____.

Your low blood sugar was treated by the following method:

No Treatment
 The EMTs gave no immediate treatment because _____.

Oral Glucose _____ gm

Other

After administration of glucose and/or prior to the departure of the EMS Team, your blood sugar level was _____.

If you are choosing to stay at home:

- Eat a **FULL MEAL NOW**.
- Contact your doctor before you take your next insulin dose. If you are unable to contact your doctor, reduce your next insulin dose by 25%. **Keep trying to contact your doctor.**
- Check your blood sugar frequently for the next several hours.
- **DO NOT** stay alone or drive/operate dangerous machinery for the next six (6) hours.
- If your condition worsens or initial signs and symptoms return, **CALL 911 IMMEDIATELY!**

High Blood Pressure

Your fire department took your blood pressure during your medical emergency. **Your blood pressure was very high.**

Blood Pressure Categories

Systolic		Diastolic
160	Hypertension Stage 2	100
140	Hypertension Stage 1	90
120	Pre-hypertension	80
<120	Normal	<80

Your Reading _____

High blood pressure can lead to life-threatening diseases such as heart disease, stroke, or kidney failure. There are good treatments for lowering high blood pressure. You need to talk with a doctor.
We recommend that you have your blood pressure checked again as soon as possible.

Heart Attack Warning Signs

Call 9-1-1 if you have:

Chest Discomfort
 Uncomfortable pressure, squeezing, fullness, or pain in the center of the chest that lasts more than a few minutes, or goes away and comes back.

Discomfort In Other Areas of the Upper Body
 May be felt in one or both arms, the back, neck, jaw, or stomach.

Shortness of Breath
 Often occurs with or before chest discomfort.

Other Signs
 May include breaking out in a cold sweat, nausea, or lightheadedness.

Community Resources

The **Crisis Clinic** offers support services available to everyone in King County. Their staff gives immediate, confidential assistance for people in need of help. Language interpretation is available.

DIAL 2-1-1
 (available Monday thru Friday from 8 am to 6 pm)

- Caregiver & Disability Resources
- Domestic Violence
- Emergency Shelter
- Financial Assistance for Rent or Utilities
- Food & Clothing
- Health Care & Support Groups
- Legal Help

DIAL (206) 461-3222 • (866) 427-4747
 (available 24 hours a day)

- Emotional Crisis & Trauma
- Suicide Prevention & Education

www.crisisclinic.org

Stroke Warning Signs

Call 9-1-1 if you have:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause