



Patient Refusal Information Sheet

Please Read and Keep This Form!

This form has been given to you because you have refused treatment and/or transport by the Emergency Medical Service. Your health and safety are our primary concern. Even though you have decided not to accept our advice, please remember the following:

- Initials _____ 1. The evaluation and/or treatment provided to you by the rescue squad is not a substitute for medical evaluation and treatment by a doctor. We advise you to get medical evaluation and treatment.
- Initials _____ 2. Your condition may not seem as bad to you as it actually is. Without treatment, your condition or problem could become worse. If you are planning to get medical treatment, a decision to refuse treatment or transport by the EMS may result in a delay which could make your condition or problem worse.
- Initials _____ 3. Medical evaluation and/or treatment may be obtained by calling your doctor, if you have one, or by going to any hospital Emergency Department in this area, all of which are staffed 24-hours a day by Emergency Physicians. You may be seen at these Emergency Departments without an appointment.
- Initials _____ 4. If you change your mind or your condition becomes worse and you decide to accept treatment and transport by the Emergency Medical Service, please do not hesitate to call us back, by dialing 911. We will do our best to help you.
- Initials _____ 5. Don't wait! When medical treatment is needed, it's usually better to get it right away
6. If the box at the left has been checked, it means that your problem or condition has been discussed with a doctor at the hospital by radio or telephone and the advice given to you by the Emergency Medical Service has been issued or approved by the doctor.
7. If the box at the left has been checked that indicates that you are the patients legal guardian in this situation and are acting on behalf of the patient. By signing below you indicate that you have read and understand the above information regarding refusal of treatment/transport.

Guardian's Name (printed): _____ Relationship to Patient: _____

Guardian's Signature: _____ Date _____

I have received a copy of this Refusal Information Sheet

Patient's Signature: _____ Date _____

Patient's Name Printed: _____ Date _____

Provider's Signature: _____ Date _____

Witness Signature: _____ Relationship to patient: _____