

# Refusal of Care / Transport Information Sheet

Dear Patient:

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

- ✓ The valuation and / or treatment provided to you by the ambulance service is not a substitute for medical evaluation and treatment by a doctor. You are advised to get medical evaluation and treatment by a doctor.
- ✓ 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 us may result in a delay that could make your condition or problem worse.
- ✓ 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.
- ✓ If you change your mind or your condition becomes worse and you decide to accept treatment and transport by a 911 emergency ambulance service, please do not hesitate to recontact 911.
- ✓ Do not wait! When medical treatment is needed, it's usually better to get it right away. Any delay in time could cause permanent injury or death.

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Signature of Patient

Date

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Signature of Witness

Date

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Print Name of Witness

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Signature of Senior Provider

Date

## EMS Refusal of Care / Transport Worksheet

### Patient Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Call Location: \_\_\_\_\_ PCR #: \_\_\_\_\_

### Patient Assessment (complete each item)

Oriented to:	Yes	No
a. Person?	<input type="checkbox"/>	<input type="checkbox"/>
b. Place?	<input type="checkbox"/>	<input type="checkbox"/>
c. Time?	<input type="checkbox"/>	<input type="checkbox"/>
d. Situation?	<input type="checkbox"/>	<input type="checkbox"/>
e. Altered level of consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
f. Head Injury?	<input type="checkbox"/>	<input type="checkbox"/>
g. Alcohol / drug ingestion by exam or history?	<input type="checkbox"/>	<input type="checkbox"/>
h. Medical Control contacted at _____ hours by: <input type="checkbox"/> Phone <input type="checkbox"/> Radio – Medical Control # _____		
Orders: <input type="checkbox"/> Unable to contact Medical Control explain on occurrence report.		
_____ Indicated treatment and / or transport may be refused by patient.		
_____ Use reasonable force and / or restraints to provide indicated treatment.		
_____ Use reasonable force and / or restraint to transport.		
_____ Patient refusal against medical advice.		
i. Patient advised of the following:		
_____ Medical treatment / evaluation recommended.		
_____ Ambulance transport recommended.		
_____ Further harm could result without medical treatment or evaluation.		
_____ Transport by means other than ambulance could be hazardous in light of present illness / injury.		
_____ Patient provided with refusal advice worksheet.		
_____ Patient would not accept refusal advice worksheet.		
j. Disposition <input type="checkbox"/> Occurrence report used and filed with chief's office.		
_____ Refused all EMS services.		
_____ Refused transport, accepted field treatment.		
_____ Refused field treatment, accepted transport.		
_____ Released in care of self / relative / friend.		
_____ Released in custody of law enforcement agency: _____ Sector _____ Shield		