

Region One Prehospital Refusal

Date: ___/___/___ Location of Call: _____ Type of Call: _____
Time: _____ Dispatched: _____ Enroute: _____ Arrived: _____ Completed: _____
Agency: _____ Unit #: _____ Call #: _____

Patient Information

Name: _____ Guardian Name: _____
Address: _____ City: _____ State: _____ Zip: _____
D.O.B.: ___/___/___ Age: _____ Gender: Male Female

Assessment of Patient

Medical Hx: _____ Allergies: _____

Medications: _____

BP: ___/___ Pulse: _____ Resp.: _____ Skin: _____ Pupils: R-___/___ L-___/___ Refused V/S

Check appropriate response: *Draw an "X" through the most appropriate box - Y is yes and N is no*

Is the patient oriented to: Person Place Time Situation

**NOTE: Any "No" answer from above requires contact of Medical Control

Suspicion of intoxication?

**NOTE: A "YES" answer requires contact of Medical Control

Medical Control Contacted? M.D. / ECRN Name: _____

Patient left in care of: _____ Phone Number: (____) _____

Release from Medical Responsibility

I, _____ hereby release the Hospital, EMS System and it's physicians, nurses and employees and the EMS Service and it's EMTs of any responsibility and liability for the worsening of my condition. I acknowledge that I have been informed of the risks and I voluntarily assume all responsibilities in making this decision.

Adult Patient or Guardian initial next to the box(es) with the most appropriate statement(s)

- I do not consider myself to be injured or ill and do not wish to receive medical services, treatment, or transport.
 I have been advised to seek first aid or medical treatment, which I am refusing.
 I have received emergency medical treatment and am now refusing further care or transport to a medical facility.
 I have received emergency medical treatment and am consenting to transport to a medical facility but, I am refusing the following: _____
 I am refusing transport to the nearest hospital.
 I am requesting transport to _____ Hospital. I have been informed that this facility lies outside the responding agency's territorial range of transport. I am refusing transport to a hospital within this territorial range.

RISKS

All refusals of treatment have the inherent risks of threatening the health, medical safety and possible survival of the patient. All transfers have the inherent risks of traffic delays, accidents during transports, inclement weather, rough terrain, and the limitations of equipment and personnel present in the vehicle, all of which may be the potential threat to the health, medical safety and possible survival of the patient. Transfers to a more distant hospital may increase these risks. The following risks have been explained to the patient, the patient's guardian and/or power of attorney for healthcare.

- Deterioration of Medical Condition, up to and including death
 Deterioration of Medical Condition of Pregnant and/or unborn Child/Delivery
 I have received a "Refusal / Discharge Instruction" form.

Printed name of patient / person authorized to consent for patient _____ X _____ / /
Signature of patient / person authorized to consent for patient _____ Date _____

Printed name of witness _____ X _____ / /
Signature of witness _____ Date _____

Comments: _____

X _____
Signature of Crewmember #1 / License #

SHMS-7782 11/2017

White: Agency Copy

X _____
Signature of Crewmember #2 / License #

Yellow: EMS Copy

Pink: Patient Copy