Citizens Ambulance Service
Patient Refusal Form

Date: _____/_____/20_____ Time: _____:_____ AM / PM ALERT CAD#: _____-_____

Patient Name: _____DOB: _____/_____/_____

Phone #: (_____) _____-_____ Situation of Injury/Illness: _____

FULL Address: _____

Suspected serious injury or illness based upon patient history, mechanism of injury, or physical examination? ☐Yes ☐No

18 years of age or older?: ☐Yes ☐No

Any evidence of: Suicide attempt? ☐Yes ☐No Head injury? ☐Yes ☐No

Patient Oriented to:

Person	☐Yes ☐No	Syncope?	☐Yes ☐No
Place	☐Yes ☐No	Intoxication?	☐Yes ☐No
Time	☐Yes ☐No	Chest Pain?	☐Yes ☐No
Event	☐Yes ☐No	Dyspnea?	☐Yes ☐No

Vital Signs

Pulse: _____ BP: _____ / _____ Resp: _____ SpO2: _____% Glucose: _____mg/dl

Risks explained to patient: ☐Yes ☐No
Patient understands clinical situation: ☐Yes ☐No
Patient verbalizes understanding of risks: ☐Yes ☐No
Patient plans to seek further medical evaluation: ☐Yes ☐No

Patient Outcome

☐ Patient **refused EMS assessment**
☐ Patient **refused transport** to a hospital against EMS advice
☐ Patient **refused transport** to EMS crew recommended hospital
☐ Patient accepts transportation to hospital by EMS but **refuses any or all treatment offered**
Specify: _____
☐ Patient **refused C – Spine Precautions**
☐ Other: _____

This form is being provided to me because I have refused assessment, treatment and/or transport by an EMS provider for myself or on behalf of the patient list above. I understand the EMS providers are not physicians and are not qualified or authorized to make a diagnosis and that their care is not a substitute for that of a physician. I recognize that there may be a serious injury or illness which could get worse without medical attention even though I (or the patient) may feel fine at the present time. I understand that I (or the patient) may change my mind, call 911, and/or seek treatment or assistance later. I also understand that treatment is available at an emergency department 24 hours a day. I acknowledge that this advice has been explained to me by the EMS crew and that I have read this form completely and understand its terms.

_____ _____
Signature (Patient or Other) **EMS Provider Signature**

_____ _____
If other than patient, print name and relationship to patient **Witness Signature**