

## EMS Patient Refusal Check List

Name			Age:Date:			
Locati	on of Call:					
I.	Assessment of Patient (Complete each item, circle appropriate response)					
	1. Oriented	d to:	Person? Yes No Place? Yes No Time? Yes No Situation	Yes No		
	2. Altered	level o	f consciousness?	Yes No		
	3. Head In	jury?		Yes No		
	4. Alcohol	or dru	g ingestion by exam of history?	Yes No		
П.	Medical Control					
	Conta	acted b	y:PhoneRadio athours.			
	Unable to contact (explain in comments)					
	Orders:					
	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.					
	Other:					
III.	Patient Advised (Complete each item, circle appropriate response)					
	Yes	No	Medical treatment /evaluation needed.			
	Yes	No	Ambulance transport needed.			
	Yes	No	Further harm could result without medical treatment/evaluation.			
	Yes	No	Transport by means other than ambulance could be hazardous in light of p present illness/injury.	atient's		
	Yes	No	Patient provided with refusal advise sheet.			
	Yes	No	Patient would not accept refusal advise sheet.			
IV.	Disposition					
	Refused all EMS services.					
	Refused transport, accepted field treatment.					
	Refused field treatment, accepted transport.					
	Released in care of custody of self.					
	Released in custody of law enforcement agency:					
			Officer:			
	Released in care of custody: of relative of friend					
	Name	e:	Relationship:			
V.			back of page, if additional space is needed)			
Signat	ure of Provid	ler	Date			

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Signature of Provider	Dat