

Forsyth County EMS Patient Refusal Form

FORSYTH COUNTY EMERGENCY MEDICAL SERVICES REFUSAL OF SERVICE/TRANSPORT FORM

Call Report Number: _____ Date: ____/____/____ Time: ____ : ____
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PART A.

A mentally competent patient has the right to refuse medical treatment and transportation to a medical facility.

1. Because I have refused the offer/recommendation by Forsyth County Emergency Medical Services ("EMS") that I be TREATED TRANSPORTED, I have been fully informed by EMS that I may call EMS back (by dialing 9-1-1) if I change my mind or if I feel worse;
2. I hereby accept full responsibility for my knowing and willful refusal to accept the EMS offer/recommendation that I be medically treated/transported;
3. I fully understand what EMS has told me and what is printed on this Form above my signature line; and
4. In consideration for having received an assessment of my medical condition, I knowingly and willfully agree to release, indemnify, and hold harmless Forsyth County and its officers, agents, and employees from any and all claims, actions, causes of action, damages, and liabilities of whatever kind or nature, including but not limited to attorney's fees, arising out of or in connection with my refusal to accept the offered medical treatment and/or transportation.

Patient's Signature: _____ Date: ____/____/____

Patient's Name (Printed): _____ Age: _____

Because I am the patient's legal guardian in this situation, I am acting for the patient and have read the above information and I knowingly and willfully refuse medical treatment/transportation for the patient.

Guardian's Signature: _____ Date: ____/____/____

Guardian's Name (Printed): _____ Relationship: _____

Medical Power of Attorney
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PART B.

I witnessed the above-named patient (or the patient's legal guardian) refuse the ambulance crew's offer/recommendation of medical treatment/transportation for the patient.

Witness's Signature: _____ Date: ____/____/____

Witness's Name (Printed): _____
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PART C.

As the attending EMS Emergency Medical Technician, I have offered/recommended to the patient (or the patient's legal guardian) medical treatment/transportation to a medical facility for the patient. The patient (or the patient's legal guardian) refused said medical treatment/transportation, and I believe that the patient (or the patient's legal guardian) is mentally competent. S/he is alert and oriented as to person, place and time.

I have contacted Dr. _____ (physician) at _____ (hospital) and advised him/her of the patient's/guardian's decision to refuse medical treatment/transportation.

I have explained this Refusal of Service/Transport Form to the patient (or the patient's guardian) and s/he verbalizes an understanding of this Form.

Signature: _____ Date: ____/____/____

Law Enforcement Officer present Follow-up requested.

Patient/Patient's Guardian refused to sign this Form. Pre-Hospital DNR Order presented.