

EMS Informed Consent to Refuse

I, the undersigned, refuse all further treatment and/or transport for _____ from the Winchester Fire & Rescue Department and assume full responsibility for his/her/my treatment against the advice of the emergency medical provider. By signing this form I am confirming the following items:

- I am of legal age (or the legal parent /guardian of above patient) to decline these services; and
 - I make the decision being of sound mind and not under the impairment of any alcohol or substances (legal or illegal); and
 - I have been informed of the potential need for further medical evaluation;
Recommended evaluation/treatment/services being refused:
 - further medical diagnostic tests (i.e. x-ray, laboratory tests, etc.);
 - further injury/illness care or management;
 - further medical evaluation by a health care professional;
 - other: _____; and
 - I have been informed of the potential risks associated with the refusal of services;
Potential risks associated may include, but are not limited to:
 - undiagnosed injury or illness;
 - improper healing or injury;
 - worsening of injury or illness with or without changing signs or symptoms;
 - subsequent changes in condition including unconsciousness (coma), shock or death;
 - other: _____; and
 - I understand this refusal in no way reduces my ability to recall EMS services in the future.
- Check here if refusal information was translated to a language other than English for patient understanding. Interpreted by: _____

Printed Name: _____ Relationship: _____

Signature: _____ Date: _____

Witness Printed Name: _____ Witness Phone Number: _____

Witness: _____ Date: _____

Incident # _____ **Patient's Address:** _____

SSN: _____ City: _____ State: _____ Zip: _____

DOB: _____ Race Code: _____ Gender Code: _____ Phone Number: _____

Vitals: Time _____ LOC _____ Pulse _____ Respiration _____ BP _____

Obvious Signs of Illness/Injury: _____

MVA Impact: _____ Safety Equipment: _____