



NORTHAMPTON COUNTY

Department of EMERGENCY MEDICAL SERVICES



STANDARD OPERATING GUIDELINES

TOPIC: PATIENT REFUSAL	SOG #: 2.18.2
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Status: ACTIVE	Written: 07/03/2007
Written by: Hollye B. Carpenter	Revised: 03/12/2013
Approved by: Hollye B. Carpenter	Adopted: 03/12/2013

NAME: _____
AGE: _____
INCIDENT #: _____
DATE: _____
CONTACT #: _____

I, the undersigned, refuse all further treatment and/or transport for the above named individual from the Northampton County Department of EMS 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 this decision being of sound mind and not under the impairment of any alcohol or substances (legal or illegal); and,
- Been informed of the potential need for further medical evaluation and recommended evaluation/treatment/services being refused:
 - further medical diagnostic tests (i.e. x-ray, laboratory test, etc.);
 - further injury/illness care or management;
 - further medical evaluation by a health care professional;
 - other: _____; and,
- Been informed of the potential risks associated with the refusal of services;
 - undiagnosed injury or illness;
 - improper healing of 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,
- 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: _____

Additional Notes: _____

Printed Name: _____ Relationship: _____

Signature: _____ Date: _____

Witness: _____ Date: _____