

# EMS PATIENT REFUSAL CHECKLIST

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_  
Location of Call: \_\_\_\_\_ Report #: \_\_\_\_\_

## Assessment of Patient (complete each item, circle appropriate response)

- Oriented to: Person? Yes No Place? Yes No Time? Yes No Situation? Yes No
- Altered level of confusion? Yes No
- Head injury? Yes No
- Alcohol or drug ingestion by exam of history? Yes No

## Medical Control (complete each item, check appropriate response)

\_\_\_\_\_ Contacted by: \_\_\_\_\_ Phone \_\_\_\_\_ Radio at \_\_\_\_\_ hours  
\_\_\_\_\_ Unable to contact (explain in comments)

Orders:

- \_\_\_\_\_ Indicated treatment and/or transport may be refused by the patient.  
\_\_\_\_\_ Use reasonable force and/or restraints to provide indicated treatment.  
\_\_\_\_\_ Use reasonable force and/or restraints to transport.

Comments: \_\_\_\_\_  
\_\_\_\_\_

## Patient Advised (complete each item, circle appropriate response)

- Yes No Medical treatment/evaluation needed.  
Yes No Ambulance transport needed.  
Yes No Further harm or death could result without medical treatment/evaluation.  
Yes No Transport by means other than ambulance could be hazardous in light of patient's present illness/injury.  
Yes No Patient provided with refusal advice sheet.  
Yes No Patient would not accept refusal advice sheet.

## 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.

Agency: \_\_\_\_\_ Officer: \_\_\_\_\_

- \_\_\_\_\_ Released in care of custody of relative or friend.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Comments (use back of page for additional space) \_\_\_\_\_  
\_\_\_\_\_

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_