TRANSCARE EMERGENCY MEDICAL SERVICES
CONDUCTION REFUSAL FORM (RF-01)

Form 100-4
Rev 1.0
Series June 2015

PATIENT'S GENERAL INFORMATION

NAME: _____ _____ _____
(LAST) (FIRST) (MIDDLE)
AGE:_____ SEX:_____ BIRTHDAY(mm/dd/yyyy):_____
ADDRESS:_____
CITIZENSHIP:_____ CONTACT NO:_____

NEXT OF KIN/LEGAL GUARDIAN INFORMATION

NAME:_____
RELATION:_____CONTACT NO:_____
ADDRESS:_____

MEDICAL RECORD #

DATE ACCOMPLISHED

BP _____ PULSE _____ RESP._____ SKIN_____ PUPILS_____LOC_____

1. Oriented to person, place and time? YES NO
2. Coherent speech? YES NO
3. Auditory and/or visual hallucinations? YES NO
4. Suicidal or homicidal tendency? YES NO
5. Able to repeat understanding of their condition and consequences of treatment refusal? YES NO

Narrative: Describe reasonable alternatives to treatment that were offered; the circumstances of the call; specific consequences of refusal;

_____
_____
_____

It is sometimes impossible to recognize actual or potential medical problems outside the hospital, that we strongly encourage you to be evaluated, treated as necessary, and transported to the nearest hospital by EMS personnel for a more complete examination by a physician.

You have the right to choose not to be evaluated, treated or transported if desired; however, there is a possibility that you would suffer serious complications or even death from conditions that are not apparent at this time. By signing below, you are acknowledging that the EMS personnel have already advised you and that you understand the potential harm to your health that may result from your refusal of the recommended care; and you release TEMS from liability resulting from refusal.

PLEASE CHECK THE FOLLOWING THAT APPLY

- ☐ I refused to be treated and transported.
- ☐ I refused to be treated but willing to be transported to a medical facility and/ or seen by a physician.
- ☐ I would like to be treated and refused to be transported.

WITNESSED TREATMENT

I observed the above named person, review and signed the statement above. The person was alert and did not appear confused. The person appeared to understand the statement and did not state otherwise.

Witness Signature_____ Date_____

Print Name_____