

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)	_
ADDRESS:		_
CITIZENSHIP: CONTACT NO:		
NEXT OF KIN/LEGAL GUARDIAN INFORMATION	MEDICAL RECORD #	
NAME:	DATE ACCOMPLISHED	
RELATION:CONTACT NO:	——— DATE ACCOMPLISHED	
ADDRESS:		
BP PULSE RESP SKIN	PUPILSLOC	
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 consequer		
of treatment refusal?	YES NO	
It is sometimes impossible to recognize actual or potential medical strongly encourage you to be evaluated, treated as necessary, and trapersonnel for a more complete examination by a physician. You have the right to choose not to be evaluated, treated or transpossibility that you would suffer serious complications or even death this time. By signing below, you are acknowledging that the EMS persyou understand the potential harm to your health that may result from and you release TEMS from liability resulting from refusal.	ensported to the nearest hospital by EM ansported if desired; however, there is from conditions that are not apparent a sonnel have already advised you and the	a at at
PLEASE CHECK THE FOLLOWING THAT	T APPLY	
 □ I refused to be treated and transported. □ I refused to be treated but willing to be transported to a medical local local	al facility and/ or seen by a physician.	
I observed the above named person, review and signed the statement appear confused. The person appeared to understand the statement are	-	
Witness Signature	Date	
Print Name_		