

Provider Agency _____ Date _____
Patient Name _____ Telemetry Run # _____
Address _____
City _____ State _____ Zip _____

It is my choice and at my own insistence, I _____ elect not to receive treatment and/or transportation to a medical facility by the agency named above. The potential risks associated with my refusal have been explained to me prior to my signature on this document, which includes risk of serious illness, injury and death. I discharge and release the agency from further responsibility for my well-being. I understand there may be injuries or complications not known to the EMTs at this time, but which may result in further illness, injury, permanent disability, or death.

I understand that I am responsible for, and agree, to pay any and all charges and fees connected with my treatment rendered prior to my refusal.

Reason for refusal: Do not feel I require hospital care I will provide my own transportation
 Against Medical Advice of EMTs and/or physician Other _____

Transport to Hospital of Patient's Preference:

I wish to be transported to _____ in _____, _____
(Name of Facility) (City) (State)

- *I have been informed of my right to a medical screening exam at the closest hospital and I am waiving that right. I have been informed of the possible risks associated with a longer travel time to the facility of my choice. After being informed, I still wish to be transported to the facility named above.*

This form has been given to you because you have refused treatment and/or transport by the Emergency Medical Service. Your health and safety are our primary concern, so even though you have decided not to accept our advice, please remember the following:

1. The evaluation and/or treatment provided to you by the rescue squad is not a substitute for medical evaluation and treatment by a doctor. We advise you to get medical evaluation and treatment.
2. Your condition may be more serious than you realize. Without treatment, your condition or problem could become worse. If you are planning to get medical treatment, a decision to refuse treatment or transport by the EMS may result in a delay which could make your condition or problem worse.
3. Medical evaluation and/or treatment may be obtained by calling your doctor, if you have one, or by going to any hospital Emergency Department in this area, all of which are staffed 24-hours a day by Emergency Physicians. You may be seen at these Emergency Departments without an appointment.
4. If you change your mind or your condition becomes worse and you decide to accept treatment and transport by the Emergency Medical Services, please do not hesitate to call us back. We will do our best to help you.
5. Don't Wait! When medical treatment is needed, it is usually better to get it right away.
6. If the box at the left has been checked, it means that your problem or condition has been discussed with an Emergency Physician at OSF Saint Francis Medical Center Emergency Department by radio or telephone.

I have received and read the above information.

Patient's Signature Date

Witness's Signature Date

If released in care or custody of relative or friend:

Name Date

Relationship

If released in custody of Law Enforcement Agency:

Agency

Officer's Signature Date

Describe circumstances on the PAEMS Incident Report Form if patient refuses to sign this document.