



Boston EMS

Patient Refusal Form

Incident Number: _____ Date: ____ / ____ / ____ Unit: _____

Incident Location: _____

PT Name: _____ DOB: ____ / ____ / ____ Age: _____

Home Address: _____ City: _____ State: _____

Time: _____ B/P: _____ Pulse: _____ Resp: _____

All of the following must be present in order for a patient to refuse care:

- Patient is oriented to person, place, and time
- Patient is answering questions appropriately
- Patient has been advised of the potential consequences of refusing treatment / transport, including worsening of condition
- Patient expresses understanding of the risk of refusal of treatment and / or transport by EMS
- Patient has been directed to call 9-1-1 back or seek emergency treatment on their own if they change their mind or their condition changes
- Patient is at least 18 years old, is an emancipated minor, or the parent / legal guardian of minor and meets all of the above criteria.

I have been advised by the EMTs of Boston Emergency Medical Service and/or the Medical Control Physician at the Boston Medical Center that I should receive care and/or be transported to a hospital. I am refusing care and/or transportation at this time. This refusal is initiated solely by the patient (or parent or guardian in the case of a minor) and was not suggested or prompted by Boston EMS personnel. I am accepting full responsibility for my choice to refuse care and/or transportation to the hospital. I have been advised of the potential consequences of refusing treatment and/or transport, including worsening of my condition. I also understand that I can call 9-1-1 or seek emergency care on my own if I change my mind or condition changes.

Patient Signature: _____

Witness Name / Signature: _____ Relationship to Pt: _____

Witness Name / Signature: _____ Relationship to Pt: _____

EMT #1 Signature: _____ ID: _____ EMT #2: _____ ID: _____

Complete and thorough documentation must be completed on the Patient Care Report