EMS Patient Refusal Checklist

Patient Assessment:
Suspected serious injury or illness based upon patient history, mechanism of injury, or physical examination: 

- [ ] Yes
- [ ] No

18 years of age or older: 

- [ ] Yes
- [ ] No

Any evidence of:

- [ ] Suicide attempt? 
- [ ] Yes
- [ ] No
- [ ] Head injury? 
- [ ] Yes
- [ ] No
- [ ] Intoxication? 
- [ ] Yes
- [ ] No
- [ ] Chest Pain? 
- [ ] Yes
- [ ] No
- [ ] Dyspnea? 
- [ ] Yes
- [ ] No
- [ ] Syncope? 
- [ ] Yes
- [ ] No

Vital Signs:

- [ ] Pulse: 
- [ ] <50bpm or >100bpm
- [ ] Sys BP: 
- [ ] <100 mm Hg or > 200 mm Hg
- [ ] Dia BP: 
- [ ] <50 mm Hg or > 100 mm Hg
- [ ] Resp: 
- [ ] <12rpm or > 24rpm

Consult Medical Command if:

If altered mental status or diabetic - (ALS only) -

Chemstrip/Glucometer: 

- [ ] mg/dl
- [ ] < 60mg/dl

If chest pain, S.O.B. or altered mental status --

SpO2 (if available): 

- [ ] %
- [ ] < 95%

Risks explained to patient:

- [ ] Yes
- [ ] No

Patient verbalizes understanding of risks: 

- [ ] Yes
- [ ] No

Patient’s plan to seek further medical evaluation:

Medical Command:

Physician contacted: 
Facility: 
Time: 

Command spoke to patient: 

- [ ] Yes
- [ ] No

Command not contacted: 

- [ ] Why?

Medical Command orders:

Patient Outcome:

- [ ] Patient refuses transport to a hospital against EMS advice
- [ ] Patient accepts transportation to hospital by EMS but refuses any or all treatment offered (specify treatments refused)
- [ ] Patient does not desire transport to hospital by ambulance, EMS believe alternative treatment/transportation plan is reasonable

This form is being provided to me because I have refused assessment, treatment and/or transport by an EMS provider for myself or on behalf of this patient. I understand the EMS providers are not physicians and are not qualified or authorized to make a diagnosis and that their care is not a substitute for that of a physician. I recognize that there may be a serious injury or illness which could get worse without medical attention even though I (or patient) may feel fine at the present time. I understand that I may change my mind and call 911 if treatment or assistance is needed later. I also understand that treatment is available at an emergency department 24 hours a day. I acknowledge that this advice has been explained to me by the EMS crew and that I have read this form completely and understand its terms.

Signature (Patient or Other) 
Date 
EMS Provider Signature 
Witness Signature