Boulder County Fire Agency Patient Refusal Form

CAD#_____

REFUSAL OF AMBULANCE TRANSPORT AND TREATMENT

INFORMATION SHEET

PLEASE READ THIS DOCUMENT!

This form has been given to you because you have refused treatment and/or transportation by the Emergency Medical Services personnel of _____. Your health and safety are our primary concerns. Even though you have decided not to accept our offer of treatment and/or transport to the hospital, please remember the following:

1. **We recommend that you be evaluated and treated by a physician.**

2. **Your decision to refuse treatment and/or transport by ambulance may result in delay, which may result in worsening of your condition.**

3. **Medical evaluation or treatment may be obtained by calling your personal physician or by going to any hospital emergency department.**

4. **You may change your mind about using ambulance transport. Please do not hesitate to contact us. We will not hesitate to return to assist you.**

5. **DO NOT WAIT! When medical treatment is needed, it is usually better to get it sooner rather than later.**

6. **You should feel well informed about the nature of your illness/injury and that you have been advised of the potential risks to your health by refusing treatment and/or transport.**

DIAL 911 IF YOU NEED

EMERGENCY MEDICAL SERVICES!

_____

Date/Time **Patient Signature**

_____

EMS Provider **Provider Level** **Witness**