Section One:
When encountering a patient that is attempting to refuse EMS treatment or transport, assess their condition, and record whether the patient screening reveals any lack of medical decision-making capability (1-3, 4a or b) or high risk criteria (5-8):

1. Disoriented to:
   - Person?  □ yes □ no
   - Place?  □ yes □ no
   - Time?  □ yes □ no
   - Situation?  □ yes □ no

2. Altered level of consciousness?  □ yes □ no

3. Alcohol or drug ingestion by history or exam with:
   a. Slurred speech?  □ yes □ no
   b. Unsteady gait?  □ yes □ no

4. Patient does not understand the nature of illness and potential for bad outcome?  □ yes □ no

5. Abnormal vital signs
   **For Adults**
   - Pulse greater than 120 or less than 60?  □ yes □ no
   - Systolic BP less than 90?  □ yes □ no
   - Respirations greater than 30 or less than 10?  □ yes □ no
   **For minor/pediatric patients**
   - Age inappropriate HR or  □ yes □ no
   - Age inappropriate RR or  □ yes □ no
   - Age inappropriate BP  □ yes □ no

6. Serious chief complaint (chest pain, SOB, syncope)  □ yes □ no

7. Head Injury with history of loss of consciousness?  □ yes □ no

8. Significant MOI or high suspicion of injury  □ yes □ no

9. For minor/pediatric patients: ALTE, significant past medical history, or suspected intentional injury  □ yes □ no

10. Provider impression is that the patient requires hospital evaluation  □ yes □ no

Section Two:
For providers: Following your evaluation, document information and care below:

1. Did you perform an assessment (including exam) on this patient?  □ yes □ no
   **If yes to #1, skip to #3**

2. If unable to examine, did you attempt vital signs?  □ yes □ no

3. Did you attempt to convince the patient or guardian to accept transport?  □ yes □ no

4. Did you contact medical direction for patient still refusing service?  □ yes □ no
Section Three: (CHECK ALL THAT APPLY)

Initial Disposition:
- Patient refused exam
- Patient refused treatment
- Patient refused transport
- Patient accepted exam
- Patient accepted treatment
- Patient accepted transport
- ADM refused exam
- ADM refused treatment
- ADM refused transport

Interventions:
- Attempt to convince patient
- Attempt to convince family member/ADM
- Contact Medical Direction (Facility: ____________________________)
- Contact Law Enforcement
- None of the above available

Final Disposition:
- Patient refused exam
- Patient refused treatment
- Patient refused transport
- Patient accepted exam
- Patient accepted treatment
- Patient accepted transport
- ADM refused exam
- ADM refused treatment
- ADM refused transport

Section Four: (MUST COMPLETE)
Provide in the patient’s own words why he/she refused the above care/service:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I, ________________________, have been offered the following by ___________________ (EMS Operational Program) but refuse (check all that apply):
- Examination
- Treatment
- Transport

Patient Name: ___________________________ Phone: ________________
Patient Address: _____________________________________________
Signature: ________________________________ Witness: ________________
- Patient
- Parent
- Guardian
- Authorized Decision Maker (ADM)

If you experience new symptoms or return of symptoms after this encounter, we recommend that you seek medical attention promptly.

Jurisdiction __________________________ Incident: __________________ Date: __________
Unit #: ____________________________ Provider Name/EID: ________________ Time: __________