

CLAY COUNTY

Date of Run		
Mo.	Day	Yr.

CONSENT TO, OR REFUSAL OF TREATMENT AND/OR TRANSPORTATION

PATIENT INFORMATION

Last Name _____ First _____ MI _____

NOTES: _____

Home Address _____ Street/RFD _____

City _____ State _____ Zip _____

Age _____ DOB _____ Sex: M F _____

1. Upon assessment, patient was found to be alert: Yes No

2. Patients Vital Signs:

Pulse: _____ Resp: _____ BP: _____ / _____ Temp: _____ SPO2: _____

3. The nature and consequences of refusing treatment and/or transportation have been explained to me. I have been instructed to do the following:

_____ Call ER with any signs and/or symptoms related to this incident. (712-264-6100)

_____ Come to ER, if needed, for signs and/or symptoms related to this incident.

_____ Call family physician regarding this incident, if needed.

_____ Call 911

4. The risks and benefits of treatment and/or transportation have been explained to me.

5. I, _____ hereby freely and voluntarily refuse to give my consent for treatment and/or transportation as follows:

_____ Refused treatment and refused transport.

_____ Refused treatment but accepted transport. (see narrative)

_____ Accepted treatment but refused transport. (see narrative)

Signature _____
Patient

Other _____
Relationship to Patient

Signature _____
Crew

_____ ID#

Signature _____
Crew

_____ ID#

6. Response Times:

Pg: _____, 10-8: _____, 10-23: _____, 10-76: _____, 10-7: _____