

Patient Name: _____

Date of Birth: _____

Medical Record #: _____

**PATIENT DECISIONS AGAINST
MEDICAL ADVICE**



A health professional has explained the risks and benefits of my refusal to follow medical advice regarding consent to the emergency treatment, transfer or discharge against medical advice described below.

Select appropriate box.

Refusal to Consent to Examination/Treatment: A health professional has advised me of the need for further medical examination and treatment within the capabilities of the staff and facilities available at the HOPE Medivan Clinic. I fully understand that refusal of this treatment may jeopardize my health or life, but it is my wish that this refusal be honored. I understand that this treatment would be provided at HOPE Medivan Clinic were it not for this refusal.

Treatment Refused: _____

Risks of Refusal to Consent to Examination/Treatment: _____

Benefits of Examination/Treatment: _____

Reason for Refusal: _____

Discharge of Patient Against Medical Advice: A health professional has informed me of the risks to my health that may result from leaving the HOPE Medivan Clinic at this time. I have received satisfactory explanation of all of the unfamiliar terms used and have received and reviewed all the information I have requested. I also understand there may be other risks and complications, serious injury, or even death from both known and unknown causes.

Risks to health from leaving the HOPE Medivan Clinic against medical advice: _____

Refusal to Consent to Transfer: A health professional has explained the risks and benefits of my refusal to consent to transfer to another hospital. This person has advised me of the need for further medical examination and treatments within the capabilities of the staff and facilities available at another hospital. I fully understand that refusal of to transfer may jeopardize my health or life, but it is my wish that this refusal be honored.

Reason for Transfer: _____

Reason for Refusal: _____

I hereby release and hold HOPE Medivan Clinic and the health care personnel attending the patient harmless from any liability that I might assert against them for not providing the treatment or transfer described herein.

Patient or Legally Authorized Representative Relationship to Patient Date

Physician Providing Information Date Witness Date