

INFORMATION FORM

Name: John Doe Date of Birth: _____
Run Number: _____ Date: 9-17-06

PLEASE READ AND KEEP THIS FORM!

This form has been given to you because you do not want treatment and/or transport by Emergency Medical Services. Your health and safety concern us. Please remember the following:

1. Your condition may not seem as bad as it actually is. Without treatment your condition could become worse.
2. Our help cannot replace treatment by a doctor. You should obtain treatment by going to an Emergency Department, or by calling your doctor. You may be seen at an Emergency Department without an appointment.
3. If you change your mind or your condition becomes worse call 9-1-1. Don't wait.
4. If the box has been checked, you have been advised to go by ambulance to a hospital for treatment.
5. If the box has been checked, we have discussed your condition with a doctor who approved this advice.
6. Other: In police custody

I have received a copy of this information sheet.

Patient or Guardian Signature: [Signature] Date: 9/17/06

I. PATIENT OR GUARDIAN ASSESSMENT

1. Oriented to: Person? Yes No Place? Yes No
Time? Yes No Event? Yes No
2. Altered level of consciousness? Yes No
3. Head injury? Y Yes No
4. Alcohol, drug ingestion, or psychiatric impairment? Unknown Yes No
5. Does the person understand advice given and risks of refusal? Unknown Yes No

II. ON-LINE MEDICAL CONTROL

- Not indicated
- Contacted
- Unable to contact. Explain: _____

III. PATIENT ADVICE (check each advice given)

- Self-care instructions: () Abrasions () Burns () Diabetic Reaction
- () Lacerations () Seizure () Sprains/Strains
- Ambulance transport needed () Further harm could result without medical treatment

IV. DISPOSITION

- Patient would not accept Information Form
- Refused all EMS services Refused field treatment Refused transport
- In care or custody of other agency Agency: PPP
- In care or custody of relative or friend Name: _____ Relation: _____

EMT Signature: Tami Herget Date: 9-17-06

ATTACH TO PATIENT CARE REPORT

CONFIDENTIAL:
Privileged under ORS 41.685
relating to quality assurance,
teaching, and supervision of EMT's.