

# 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? .....  Unknown  Yes  No
4. Alcohol, drug ingestion, or psychiatric impairment? .....  Unknown  Yes  No
5. Does the person understand advice given and risks of refusal? .....  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: PPB
- In care or custody of relative or friend Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

ATTACH TO PATIENT CARE REPORT

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