

Mr/Mrs ____ has elected to refuse medical evaluation and treatment. I have offered to examine [him/her] to determine whether [he/she] has an emergency medical condition and to provide any necessary emergency medical treatment. In refusing, [he/she] was also advised that I am unable to provide a medical screening examination.

[His/her] right to self determination is noted. [He/she] is awake and alert, can carry on a reasonable conversation and discuss the problems at hand, and has the mental ability to act in [his/her] own best interest.

[He/she] was told in no uncertain terms of my concern for his safety and well being. I am concerned about...The discussion was held in terms that the patient could easily understand. [He/she] was made aware that [his/her] refusal may result in a worsening of [his/her] condition and could pose a threat to [his/her] life, health, and medical safety.

[He/she] was informed of any alternative modes of treatment that might help the problem, and given the opportunity to use such modes of therapy.

The patient's family members X, Y, Z, were informed of [his/her] decision. [He/she] expressly forbade me from speaking to his family or friends]

Lastly, [he/she] was encouraged and invited to return at any time to the emergency department if [he/she] changes his/her mind.

Mr/Mrs _____ chose to refuse the offered services and was asked to sign and document his/her refusal against medical advice.