Against Medical Advice/Informed Refusal Form

☐ Patient has decisional capacity to refuse further medical evaluation or treatment

_____
(Physician Signature)

This certifies that I, (Patient's Name) _____ voluntarily refuse further medical evaluation and treatment at (Name of Hospital/Clinic) _____. I understand that further evaluation or treatment has been recommended and I am leaving **against medical advice.** The medical staff has explained the risks of leaving which may include worsening of my medical condition, harm to a bodily function or part, or even death.

Benefits of receiving further evaluation and treatment include, but are not limited to:

Risks of refusing further evaluation and treatment include, but are not limited to:

Alternatives to receiving further evaluation and treatment here include, but are not limited to:

I release (Name of Hospital/Clinic) _____, its staff and the treating provider(s) from any liability or medical claims as a result of my refusing further medical evaluation and treatment.

I understand that I may return at any time and consent to further evaluation and treatment.

_____ _____
Patient's Printed Name Date

_____ _____
Patient/Legal Guardian's Signature Date

_____ _____
Witness' Signature Date