Agency N	lame										<i>A</i>	Agency No.	Inciden	t #	
Mo.	Day	y	Yr.	Incid	lent Address					City					
Patient N	ame (La	st Fi	irst, Middle	Int)				Pa	rent or Lega	l Guardian	Birthdate	Age	GEND	FR	
			inot, initiatio	,					ioni or Loga			, igo		□F □Unk	Pt #
Patient A	ddress					(	City & State				Phone	Patient H			<u> </u>
Medical C	Control F	hysio	cian/Hospita	al			Time			Not	Low Blo	od _ H	liah Blood		_ Community
								AF	TERCARE	Dist Not Transported	Sugar		ligh Blood ressure		Community Resources
Time			:		:	:	:		:	:	:	_		Notes	GCS
Blood Pre			/		/	/	/		/	/	/	_			EYE OPENING
Pulse Ra Respirato												_			4 Spontaneous 3 To voice
ECG Rhy		_										-			2 To pain
Oxygen (												-			1 No Response VERBAL
Pulse Ox		%)										-			5 Oriented
Glucome															4 Confused 3 Inappropriate
IV fluids (	(liters)														2 Incomprehen-
DC Shoc	k (joules	)													sible 1 No response
															MOTOR
															6 Obeys
							ļ				ļ	_			5 Locates Pain 4 Withdraws
												_			3 Flexion
												_			2 Extension 1 No response
Home Me	dication		None							Allergies 🗌 N	one				
TIONE WE	alcation	5 <u></u>									one				
Narrative															STROKE Y / N
															Facial droop 🗆 🗆
															Arm drift
															Speech 🗌 🗆
															Time of onset 🗆 🗆
															ED alert
															SEPSIS Y / N
															Fever 🗆 🗆
															HR>90 🗆 🗆
															RR>20 □ □
															HR>SBP
															ED alert
															STEMI Y / N
															ASA given 🛛 🗆
															Symptom Onset
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									EMT Crew Names Paramedic crew names:						
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Person C	Completi	ng Fo	orm (PLEAS	SE PR	RINT)				2			2			
V									3			3			
X									U			13			

Agency Na	ame							A	gency No.	Incident	#		
Mo.	Day	Yr.	Incident Address				City						
1	I I		moldent Address				I I						
Patient Na	me (Last, F	-irst, Middle I	Int.)			Parent or Lega	I Guardian	Birthdate	Age	GENDE	R	Pt #	
										ПМ (	∃F ⊡Unk		
Patient Ad	dress			С	ity & State	•		Phone	Patient He	ealthcare I	Provider		
Medical Co	ontrol Phys	ician/Hospita	al		Time	AFTERCARE	Not Transported	Low Bloc Sugar	od Hi	gh Blood essure	🖵 Falls	Community Resources	
Time		:	:	:	:		- transported	- Sugar	- Pr	essure	Notes		
Blood Pres	ssure	. /	. /	. /	. /	. /	. /	. /				EYE OPENING	
Pulse Rate	e	,			,	,	,	,				4 Spontaneous	
Respirator	y Rate											3 To voice 2 To pain	
ECG Rhyt	hm											1 No Response	
Oxygen (L												VERBAL	
Pulse Oxir												5 Oriented 4 Confused	
Glucometr												3 Inappropriate	
IV fluids (li						_						2 Incomprehen- sible	
DC Shock	(Joules)											1 No response	
									_			MOTOR 6 Obeys	
									-			6 Obeys 5 Locates Pain	
												4 Withdraws 3 Flexion	
												2 Extension	
												1 No response	
Home Med	lications [	None					Allergies 🗌 N	one					
Narrative:												STROKE Y / N	
												Facial droop 🗆 🗆	
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												SEPSIS Y / N	
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												RR>20 □ □	
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Agency N	lame								A	gency No.	Incide	nt #		
Mo.	Day		Yr.	Incident Address	6			City						
Patient N	ame (Las	st, Fi	rst, Middle	Int.)			Parent or Lega	l Guardian	Birthdate	Age	GENE		Pt #	-
											ΠM	□F □Unk	of	-
Patient A	ddress					City & State			Phone	Patient He	althcare	e Provider		
Medical C	Control Pl	nysio	cian/Hospita	al		Time	AFTERCARE	D Not Transported	Low Blog Sugar	od Hi	gh Bloo essure	d 🔲 Falls	Communit Resources	у
Time			:	:	:	:	:	- nansported	- Sugai		essure	Notes		>
Blood Pre	essure		. /		. /		. /	. /	. /			110100	EYE OPENING	
Pulse Ra			,	,	,	,	,	,	,	-			4 Spontaneous	
Respirato	ory Rate												3 To voice	
ECG Rhy													2 To pain 1 No Response	
Oxygen (													VERBAL	
Pulse Ox		6)												
Glucome	try (mg/d	I)											4 Confused 3 Inappropriate	
IV fluids (	(liters)													
DC Shoc	k (joules)												sible 1 No response	
													MOTOR	-
													6 Obeys	
										This docu purposes		or Quality Review	5 Locates Pain 4 Withdraws	
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										Exempt fr			2 Extension	
										(RCW 43.7	70.510)		1 No response	
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Narrative	:												STROKE Y	/ N
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Person C	Completin	ng Fo	orm (PLEAS	SE PRINT)			2			2				1
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Agency N	lame										/	Agency N	lo. In	cident	#	
Mo.	Day		Yr.	Incident Addre	SS					City						
Patient N	ame (Las	st, Fi	rst, Middle	Int.)					Parent or Lega	l Guardian	Birthdate	Age	G	ENDE		Pt #
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Patient A	ddress					С	ity & State	e			Phone	Patient	Health	ncare F	Provider	
Medical C	Control P	hysic	cian/Hospita	al			Time	9	AFTERCARE	Contemported	Low Blo	od 🗖	High I Press	Blood	Falls	Community Resources
Time			:			:	:		:	- Transported	I U Sugar		Press	sure	Notes	
Blood Pre	essure	$\rightarrow$	. /	:		. /	. /		. /	. /	. /	_			Notes	GCS
Pulse Ra		$\rightarrow$	/	/		,	/		/	/	/			_		EYE OPENING 4 Spontaneous
Respirato		$\dashv$			_											3 To voice
ECG Rhy		$\dashv$			_											2 To pain 1 No Response
Oxygen (																VERBAL
Pulse Ox		6)														5 Oriented
Glucome																4 Confused 3 Inappropriate
IV fluids (	(liters)															2 Incomprehen-
DC Shoc	k (joules)															sible 1 No response
																MOTOR
																6 Obeys
																5 Locates Pain 4 Withdraws
																3 Flexion
																2 Extension
																1 No response
Home Me	dications		] None							Allergies 🗌 N	lone					
Narrative	:															STROKE Y / N
																Facial droop 🗆 🗆
																Arm drift
																Speech 🗆 🗆
																Time of onset 🗆 🗆
																ED alert 🗌 🗆
																SEPSIS Y / N
																Fever 🗆 🗆
																HR>90 🗆 🗆
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																STEMI Y / N
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Person	Completin	na Fr	orm (PLEAS													
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# **Refusal of Medical Evaluation, Treatment and/or Transportation**

The patient is at least 18 years old and does not appear to be experiencing any altered mental status and appears to have the capacity to understand the current situation.

"I hereby acknowledge that I have been advised by emergency medical personnel that evaluation, treatment and/or transportation are necessary for my condition. I have also been informed that I risk medical consequences if I refuse to be examined, treated and/or transported by emergency medical personnel. I hereby state my refusal to follow this advice and refuse further evaluation, treatment and/or transportation to a medical facility."

Patient's Name:	Date:
Patient's Signature:	Date:
Parent/Guardian Signature:	Date:
EMT or Paramedic Signature:	Date:
Witness Signature:	Date:
Witness EMS Agency Affiliation or Address:	

## Instructions for EMS Personnel

- 1) Complete this form in ink.
- 2) Fill in patient's name, and the date.
- 3) Read the statement slowly and clearly to the patient. Ask if they understand what it says.
- 4) Have the patient sign on the "Patient Signature" line, or on the "Parent/Guardian" line if appropriate. If the patient or parent/guardian refuses to sign, or you are unable to obtain a signature for any other reason, simply make a note to that effect, sign the form and have it witnessed.
- 5) Obtain a signature from a witness (preferably someone from your agency), and note that person's EMS agency affiliation or address.

