

**Central California Emergency Medical Services Agency  
Patient (18 years and older) Refusal of Care and Transportation Screening Form**

**Patient's Name:** \_\_\_\_\_

**EMS #:** \_\_\_\_\_

Patient has a Glasgow Coma Score of 15?  
 True  False – Base contact required

There are NO barriers to communication with patient?  
 True  False – Base contact required

Patient's competency is NOT affected by alcohol or drugs?  
 True  False – Base contact required

Patient is NOT exhibiting signs or symptoms of behavioral emergencies?  
 True  False – Base contact required

Patient is competent:  
Understands medical condition?  
 True  False – Base contact required  
Understands treatment options?  
 True  False – Base contact required  
Understands potential risk of refusing treatment?  
 True  False – Base contact required

EMT or Paramedic has NO concerns about patient's competency?  
 True  False – Base contact required

Family or bystanders NOT expressing concern about patient's decision?  
 True  False – Base contact required

**If any response is FALSE, Base Hospital contact is required.**

If all responses are TRUE, patient can sign Refusal of Care and Transport form without Base Hospital contact. The EMT or Paramedic and patient or legal representative must sign the Refusal of Care and Transport form (EMS Policy #811) along with a witness. The witness signature confirms that all other signatures are voluntary and not offered under duress. The EMT or Paramedic must sign below signifying that the "Patient Refusal of Care and Transport Screening Form" was reviewed with the patient or legal representative.

\_\_\_\_\_  
EMT or Paramedic Signature

\_\_\_\_\_  
Date