

Refusal of treatment against medical advice

To enable our patients to make informed decisions about their health, it is the policy of <practice name> to provide information regarding the purpose, importance, benefits, risks and possible costs associated with proposed tests, referrals or treatments.

After considering the information provided by a medical practitioner, our patients have the right to seek a second opinion or refuse treatment against medical advice.

Before refusing treatment against medical advice, please speak to your medical practitioner about:

- why you want to refuse treatment
- any concerns that can be addressed to make you feel more comfortable or come to a compromise
- signs of deterioration, what to do and when to return to the practice or seek further medical advice
- prescribed medications, prescriptions and/or an alternative treatment plan.

If you decide to refuse treatment against medical advice, we are required to record your decision.

Please complete, sign and return this form before you leave the practice.

Patient's name:	
Address:	
Date of birth:	Phone:
Emergency contact:	
Relationship:	Phone:
Medical practitioner's name:	

- I declare that I am refusing treatment against medical advice of <practice name>.
- I understand that the consequences of refusing treatment against medical advice might result in significant disability or even death.
- I understand that I can change my mind at any time and return for treatment.

Patient's signature: Date: Time:

Witness: Designation of witness: