

## Template Form

# Refusal of Treatment against Medical Advice

It is the policy of <<Insert practice name>> to give our patients enough information about the purpose, importance, benefits, risks and possible costs associated with proposed tests, referrals or treatments, to enable patients and their families to make informed decisions about their health.

However, patients have the right to seek a second opinion or refuse recommended medical advice or treatment. If you choose to refuse the recommended medical advice or treatment of our medical practitioners, we are required to record your decision.

Please consider carefully:

- Why do you want to refuse treatment against advice? Discuss this with your medical practitioner.
- Is there a particular concern that can be addressed that will make you feel more comfortable or come to a compromise with your medical practitioner's advice?
- If you decide to refuse treatment, your medical practitioner will discuss with you any signs of deterioration to look for, what to do and when to return to the practice or seek medical advice.
- You may also be given prescribed medications, prescriptions and/or a treatment plan.

**Please complete all parts of this form before you leave the medical practice.**

Patient name:	
Date:	Time:
Address:	
Date of birth:	Telephone:
Emergency contact person:	
Relationship:	Telephone:
Medical Practitioner Name:	
<ul style="list-style-type: none"> <li>• I declare that I am refusing the advised treatment of &lt;&lt;Insert practice name&gt;&gt;.</li> <li>• I understand that the consequences of failing to follow the medical advice given to me might result in significant disability or even death.</li> <li>• I understand I can change my mind at any time and return for treatment.</li> </ul>	
Patient's signature:	
Witness:	
Designation of witness:	
Date:	Time: