







Narrative:	STROKE		Y / N
	Facial droop	<input type="checkbox"/>	<input type="checkbox"/>
	Arm drift	<input type="checkbox"/>	<input type="checkbox"/>
	Speech	<input type="checkbox"/>	<input type="checkbox"/>
	Time of onset	<input type="checkbox"/>	<input type="checkbox"/>
	ED alert	<input type="checkbox"/>	<input type="checkbox"/>
	SEPSIS		Y / N
	Fever	<input type="checkbox"/>	<input type="checkbox"/>
	HR>90	<input type="checkbox"/>	<input type="checkbox"/>
	RR>20	<input type="checkbox"/>	<input type="checkbox"/>
	HR>SBP	<input type="checkbox"/>	<input type="checkbox"/>
	ED alert	<input type="checkbox"/>	<input type="checkbox"/>
	STEMI		Y / N
	ASA given	<input type="checkbox"/>	<input type="checkbox"/>
	Symptom Onset		
	_____ : _____		
	ED alert	<input type="checkbox"/>	<input type="checkbox"/>

X  
Signature of Person Completing Form

### **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.

**This information is provided as a public service by your local fire department.**☐**Not Transported**

Your condition did not require emergency vehicle transport at this time. Please understand that your situation may still require follow up medical attention. If your condition worsens, seek medical help or call 9-1-1.

☐**Low Blood Sugar**

Your fire department measured your blood sugar during your medical emergency. Before treatment, your blood sugar level was \_\_\_\_\_.

**Your low blood sugar was treated by the following method:**

☐ **No Treatment**

The EMTs gave no immediate treatment because \_\_\_\_\_.

☐ **Oral sugar** \_\_\_\_\_ gm

☐ **Other** \_\_\_\_\_

After providing sugar, your blood sugar level was \_\_\_\_\_.

**If you choose to stay at home:**

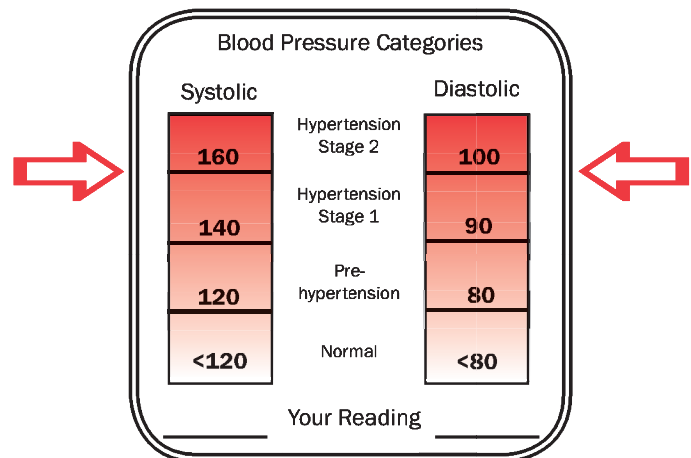
- Eat or drink something with sugar (juice, banana, cereal, candy, cookies, etc.) and recheck your blood sugar in 15 minutes. If your sugar is still under 70 eat or drink again and recheck. Repeat until your blood sugar is above 120.

- Check your blood sugar frequently for the next several hours.

- If your condition worsens, **CALL 911 IMMEDIATELY!**

☐**High Blood Pressure**

Your fire department took your blood pressure during your medical emergency. **Your blood pressure was very high.**



High blood pressure can lead to life-threatening diseases such as heart disease, stroke, or kidney failure. There are good treatments for lowering high blood pressure. You need to talk with a doctor.

**We recommend that you have your blood pressure checked again as soon as possible.**

☐**Falls**

If you are 65 or older and fell at home, there are two programs in King County that can assist you in staying **healthy, independent, and safe** in your home.

**Please call** for more information.

**One Step Ahead**

King County Emergency Medical Services  
(206) 369-5817

- Individualized health evaluation **in your home**
- Free for those who qualify
- Home safety check
- Installation of home safety devices

**Harborview Fall Prevention Clinic**

(206) 744-4191

- Individualized health evaluation **at Harborview**
- Home safety suggestions
- Medication review, balance and vision checks

☐**Community Resources**

Social support services are available to everyone in King County. These organizations give confidential assistance for people in need of help.

**Washington 2-1-1.....2-1-1**

(Monday thru Friday  
8 am to 6 pm)

- Caregiver & Disability Resources
- Social Services
- Health Care & Support Groups

**The Crisis Clinic.....(206) 461-3222**

**(866) 427-4747**

(24 hours a day)

- Emotional Crisis & Trauma
- Suicide Prevention & Education

**The Healthy Aging Partnership.....1-888-4ELDERS**

(Monday thru Friday  
9 am to 5 pm)

- Home, health, and safety for elders
- Help for aging parents