

Hospital Admission Refusal Form

I, (full name) _____

Of _____

have been advised by Dr that I need to go to hospital for urgent medical care and treatment.

I have been fully informed about the risks and consequences of not going to hospital and these include: (*set out summary of risks explained*)

.....
.....
.....

Despite this advice I have chosen not to go to hospital.

I understand that this decision goes against the medical advice that I have received and will seriously compromise the care that can be provided to me.

I accept sole responsibility for the consequences of this decision.

Dated this: _____ day of _____ 20_____

Signature: _____

.....
Witness Signature: _____

Witness Name (please print): _____

Witness Occupation: _____

Witness Address: _____