**PATIENT REFUSES TO SIGN AMA**

NCTA MEDICAL VOLUNTERS/REPRESENTATIVES HAVE, ON THE DATE SHOWN ADVISED PATIENT IDENTIFIED AS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THAT HIS/HER MEDICAL CONDITION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MAY BE SERIOUS ENOUGH TO WARRANT IMMEDIATE FURTHER TREATMENT AND/OR TRANSPORTATION TO A MEDICAL FACILITY/HOSPITAL, BUT PATIENT HAS REFUSED FURTHER TREATMENT AND/OR TRANSPORT TO A MEDICAL FACILITY/HOSPITAL.

PATIENT DOES NOT APPEAR TO BE MENTALLY COMPETENT, OR.

PATIENT REFUSES TO SIGN THIS AMA.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness #1/ Witness #2

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Witness #1/ Address of Witness #2

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone of Witness #1 / Telephone of Witness #2

Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Follow-Up Report**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**