



Tuscarawas County Health Department

Patient Refusal of Treatment Form



My provider, \_\_\_\_\_, has recommended the following test/procedure/treatment: \_\_\_\_\_

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S/he explained to me that the potential benefits of the test/procedure/treatment include:

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And the risks of the test/procedure/treatment are:

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Despite my physician's recommendation, I am declining to consent to this medical treatment, test or procedure.

The physician has explained the following risks associated with not following through with the recommended test/procedure/treatment. They include, but are not limited to:

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By signing this document, I acknowledge that (1) my medical condition has been evaluated and explained to me by my physician who has recommended treatment as stated above, (2) my physician has explained to me the potential benefits of such treatment and the risks associated with it, (3) my physician has explained to me the possible risks of not following through with the recommended treatment, which I fully understand, and (4) I have had an opportunity to discuss any and all questions related to the recommended treatment. In spite of this understanding, I refuse or decline to consent to this medical treatment.

Date \_\_\_\_\_ Time \_\_\_\_\_ Patient/Rep's Signature \_\_\_\_\_  
Representative Relationship: \_\_\_\_\_