

I picked Mary up from Lodi Memorial
My father just left her knowing. He had
her cash in mutual fund. Bank would not
serve him. I had to go.
Mary had me take all bills of auto pay/
and we were fighting about paying my dad
to leave her to me.

REFUSAL OF EMS SERVICE

DATE: 2-4-14

First Responder Form Incident # or PCR #: 02348101

Name: Mary Irene Parvin

Address: 2 - N Ayers Ave

Lodi Ca.

DOB 3-16-43

- | | |
|--|--|
| <input checked="" type="checkbox"/> History of event and prior medical history including medications | <input type="checkbox"/> Base contact made for ALS chief complaint <input type="checkbox"/> Not applicable |
| <input checked="" type="checkbox"/> Physical assessment and complete set of Vital Signs | |
| <input checked="" type="checkbox"/> Patient refused vital signs and/or assessment. | <input checked="" type="checkbox"/> Transportation to appropriate hospital offered. |
| <input type="checkbox"/> Seek medical attention for complaint. | <input checked="" type="checkbox"/> Call 9-1-1 if condition persists or worsens |

☐ Risks of refusal of treatment or transportation explained:

• 150/87 pulse 78

☒ Benefits of treatment or transportation explained:

• _____

☐ Instructions to Patient or, ☐ Indicate why patient refused service or refused to sign this form:

HTN PMH S. Hx other

I acknowledge that Carmel Martinez informed me of the risk(s) involved in refusing medical care and hereby release San Joaquin County, its officers, agents, and employees and all other persons participating in my care from any responsibility whatsoever for unfavorable or untoward results which may occur as a result of my refusal to permit emergency medical treatment.

As a patient of the San Joaquin County EMS System, this is to certify that I am refusing care by, or against the advice of San Joaquin EMS personnel.

Patient Signature (or Legal Guardian or Representative)

Witness Signature

SJ EMS Form 540.09F

EMS Personnel Signature