



Patient Refusal of Treatment and/or Referral (Against Medical Advice)

Date/Time	Patient Name	Date of Birth
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Treating Practitioner	Location
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Practitioner Recommended *Diagnostic Procedures, Further Treatment and/or Medical Transportation* Including, but not Limited to:

The Risks of Failing to Obtain the Noted Diagnostic Procedures, Recommended Treatment and/or Medical Transportation Include, but are not Limited to:

I, _____ understand and acknowledge the above information. I understand the potential risks of leaving without further diagnostic procedures, treatment and/or medical transportation and do so of my own free will. I hereby release and discharge all physicians, nurses, practitioners, agents, directors, officers and employees of NASA, from any and all actions, resulting from my decision to leave the Goddard Health Unit without the benefit of further recommended treatment or referral.

Patient Signature	Printed Name	Date
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Witness Signature	Printed Name	Date
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The patient has decided to leave against medical advice. The patient has a normal mental status and understands his/her condition and the risks of leaving as stated above, including permanent disability and/or death, and has had an opportunity to ask questions about his/her medical condition. The patient has been referred to his/her local medical physician as soon as possible.

Signature of Medical Provider	Printed Name	Date
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