



San Francisco
Health Network
SAN FRANCISCO GENERAL HOSPITAL
AND TRAUMA CENTER

NAME
DOB
MRN
PCP

T-CS0001

**Leaving Hospital
Against Medical Advice**

Patient ID / Addressograph

THE FOLLOWING SECTION MUST BE COMPLETED BY THE PATIENT

I am voluntarily leaving the hospital against the advice of Dr. _____.

The doctor has talked to me about the:

- a. reasons why continued hospitalization is recommended;
- b. potential risks and consequences of leaving the hospital; and
- c. possible alternatives to continued hospitalization such as transfer to another facility or referral to an ambulatory service. Also,
- d. The doctor has advised and encouraged me to return to the hospital or seek medical care if my condition does not improve or worsens.

I hereby release the doctor, any other doctors involved in my care, the hospital and its employees and agents from all responsibility for any injury or ill effects which may result from this action.

Date: _____ Time: _____ Signature: _____
Patient/Legal Representative Print Name

If signed by someone other than patient, indicate relationship: _____
(parent/conservator/guardian/legal representative)

Witness: _____
(Print Name) (Signature and title)

Interpreter: _____
(Print Name) (Signature, if in person) Interpreter ID#

THE FOLLOWING SECTION MUST BE COMPLETED BY THE PHYSICIAN

I declare that I have personally explained to the patient the risks and consequences involved in leaving the hospital at this time, the benefits of continued treatment and hospitalization, and the alternatives, if any, to continued treatment and hospitalization.

Remarks: _____

Date: _____ Time: _____
Physician Signature Print Name CHN ID#

REFUSAL OF ABOVE SIGNATURE
 Patient Refuses to Sign Above Statement of Facts

Witness: _____ / _____
Signature and Title Print name

Physician: _____ / _____ / _____
Signature Print name CHN ID#