

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFUSAL OF DIVERSION

I, \_\_\_\_\_, have requested of the \_\_\_\_\_,

PATIENT NAME

AGENCY NAME

transportation by ambulance to \_\_\_\_\_.

FACILITY NAME

It has been determined by the paramedic whose care I am currently under that this facility is on diversion, or “closed to ambulances” due to \_\_\_\_\_.

REASON FOR CLOSURE

I have been informed that should I be transported to this facility, the care I receive may be delayed and/or impeded, possibly causing further detriment to my current condition. It has been suggested to me that I be transported to another facility.

By signing this form, I state that I refuse to be transported to any facility with the exception of the above requested facility.

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
ER PHYSICIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARAMEDIC SIGNATURE