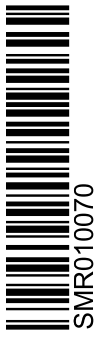
Facility:

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. ______ / ______ / _______	M.O.
ADDRESS	
LOCATION	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	



SMR010070

DISCHARGE AGAINST MEDICAL ADVICE (ADULT WITH CAPACITY)

I, ... am removing

GIVEN NAME FAMILY NAME

myself from .... (Facility) at my own insistence and against the advice of attending doctor, clinical or hospital staff at the Facility. I have been informed by:

....

NAME AND DESIGNATION OF THE MOST SENIOR AVAILABLE HEALTH PRACTITIONER

of the risks associated with leaving the Facility at this time, which include a deterioration and/or worsening of my condition and health generally. These risks include, but are not limited to:

....

(IDENTIFY SPECIFIC RISKS OF LEAVING)

I acknowledge that I have been advised that I should remain in the Facility for treatment of my condition. I understand that there are risks to my health and wellbeing if I leave the Facility. Despite this advice, I agree to accept these risks and I wish to discharge myself from the Facility. I agree that the Facility and its staff will not be liable for any harm or damage that may occur due to my decision to leave the Facility.

I have been advised and understand that I should seek medical advice and treatment, including returning to the Facility, should I have any concerns whatsoever in relation to my health / medical condition.

Date: ..../........./......... Time: .... : .... AM/PM

Print name: ....

Signature: ....

Interpreter* .... /....... /20....... .... : ....

PRINT NAME SIGNATURE DATE TIME Emp ID/Prov No.

Print name (Health Practitioner): ....

Designation: ....

Signature: ..../......../20......... .... : ....

DATE TIME

If the patient refuses to sign the form, place the partially completed form in the health care record and document in the progress / clinical notes.

* Delete where not applicable

Holes Punched as per AS2828.1: 2012

BINDING MARGIN - NO WRITING

NH700071 071218

NO WRITING

Page 1 of 1

DISCHARGE AGAINST MEDICAL ADVICE (ADULT WITH CAPACITY)

SMR010.070

DO NOT PRINT