Hospital Logo		Patient Identification Label

Discharge Against Medical Advice Form

Name:	Age (in years):	Gender: ☐ M ☐ F ☐ Other
UHID No./Registration No.:		
Interpreter Service: ☐ Yes ☐ No	Consultant's Name:	

Assessment of the Patient's Medical Risk
(Indicate the working diagnosis or presenting complaints)

Proposed treatment **(To be documented by doctor)** **List of symptoms to be aware of:** **When to seek medical attention?**	**Outcome and risks associated with refusal of treatment** **(To be documented by doctor)**

Being about to leave_____(Name of the patient) from _____ (hospital name) I/we have taken the decision of my/our own free will and that I/we understand that our action(s) are contrary to the advice of the attending physician(s) and/or hospital authorities.
The patient's condition, his/her prognosis and possible/probable risks mentioned above were explained to me by the consultant and doctor on duty in the language that I/we understand.
I/ we have been explained the consequences of discharge against medical advice (DAMA) in a clear, precise and comprehensible manner yet, I/we have decided to take the patient against medical advice. In case of any eventuality, I/we will not hold _____ (Name of the administrator), _____(hospital name) or its authorities/staff responsible or liable for the consequences thereof.
I/we understand that even if I/we sign this document, this does not prevent me from coming back to the hospital should I/we desire to.

Reason for DAMA: (✓) the following	Others, if any specify:
☐ Financial ☐ Infrastructure limitation ☐ Not satisfied with doctors and their services ☐ Home care ☐ Communication gap between patient and healthcare worker ☐ Follow up case of other hospital, had come to the emergency room, but wants further treatment in previous or other hospital	

Discharge summary handed over to:	
Name:	Contact number:

Patient Name:		Signature:		Date and Time:
Substitute Decision Maker Name:	Relationship:	Reason (patient is unable to give consent because):	Signature:	Date and Time:
Witness Name:	Relationship:		Signature:	Date and Time:
Interpreter Name:	Translation given in:		Signature:	Date and Time: