

**TO BE COMPLETED BY THE DOCTOR**

I, the undersigned, Mr., Mrs. Ms.....practising as.....at Périgueux Hospital, confirm that Mr., Mrs, Ms (surname, first name, date of birth) :

declines the proposed treatment and declares s/he wishes to leave the establishment.

I have explained the potential medical risks of this action to the patient in a clear, precise and comprehensible manner and the therapeutic alternatives.

➤ Description of patient's state of health:.....

➤ Treatment proposed by the doctor:.....

➤ Medical risks linked to the patient's premature departure:.....

➤ Other information given (offer of follow-up consultation, possibly with another doctor, proposed transfer to another establishment, proposal to take time to consider the options:.....

Date :

Doctor's signature:

Time :

**TO BE COMPLETED BY THE PATIENT**

I, the undersigned, Mr., Mrs., Ms. : ..... currently a patient at Périgueux Hospital, decline the treatment proposed by Doctor..... and wish to leave the establishment.

I confirm that I have been informed of the potential medical risks of leaving against medical advice in a clear, precise and comprehensible manner.

I confirm that I have taken this decision of my own free will and that it is against medical advice. I therefore absolve the doctor and the hospital of all liability and any consequences that may arise from my decision.

I understand that even if I sign this document, this does not prevent me from coming back to the hospital should I so wish and that, indeed, this is strongly recommended should I have any questions or the slightest problem.

Date:

Patient's (or legal representative's signature):

Time:

*If the patient refuses to sign:*

*Name and signature of a witness employed by the hospital:*

Original to be kept in the patient's file

1 copy to be given to the patient

1 copy to be sent to the patient's general practitioner