

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

DISCHARGE AGAINST MEDICAL ADVICE (AMA) SUMMARY

Admission Date: [Date of Admission]

Discharge Date: [Date of Departure]

Clinical Presentation:

[Brief summary of why the patient was admitted and current diagnosis.]

Recommended Medical Plan:

[Outline the treatment, tests, or monitoring that the medical team recommended.]

Risks of Leaving Against Medical Advice:

The patient was informed that leaving at this time carries significant risks, including but not limited to:

[List specific risks: e.g., worsening of infection, permanent organ damage, relapse, or death.]

Patient Reason for Departure:

[Briefly state the reason provided by the patient for leaving early.]

Capacity Assessment:

The patient demonstrated the capacity to understand the risks and benefits of their decision. They were alert, oriented, and able to verbalize the consequences of refusing further inpatient care.

Follow-Up Instructions:

The patient was encouraged to follow up with their primary care physician, [Doctor Name], within [Number] days. They were also instructed to return to the Emergency Department immediately if they experience: [List red-flag symptoms].

Documentation:

[] Patient signed AMA Form

[] Patient refused to sign AMA Form, witnessed by [Name/Title]

Provider Name: [Name and Title]

Signature: _____