

Blood Transfusion Refusal Consent Form

This **blood transfusion refusal consent form sample** is designed to document a patient's informed decision to decline blood transfusion, ensuring their autonomy and safety. It clearly outlines the risks associated with refusal and confirms that the patient understands the potential consequences. This form is essential for healthcare providers to respect patient rights while maintaining legal compliance.

Patient Name:

Date of Birth:

Medical Record Number:

Treating Physician:

Refusal of Blood Transfusion:

I, the undersigned, have been informed by my healthcare provider(s) about my medical condition and the recommended use of blood transfusion, including its purpose, potential benefits, and possible risks. I understand that refusing blood transfusion may result in serious harm, including but not limited to permanent injury, worsening of my condition, or death.

I further acknowledge that alternative treatments have been discussed with me, and that my healthcare provider(s) have explained the risks and potential consequences of not receiving blood products. Despite this information, I hereby refuse the administration of blood and/or blood products during my medical care.

I release the hospital, its staff, my treating physician(s), and all other healthcare providers involved in my care from any and all liability for any adverse outcomes or complications that may result due to my decision to refuse blood transfusion.

Patient Signature:

Date: _____

Witness Signature:

Date: _____

Physician Signature:

Date: _____

This form is to be included in the patient's medical record. If you have any questions regarding this form or your decision, please speak with your healthcare provider before signing.