



CLIENT'S WRITTEN REFUSAL OF SERVICES



I, _____, client of the NHA Services to Pregnant Women program
(Print Name)

refuse to: *(Indicate the specific procedure(s)/service(s) being declined below)*

REASON FOR REFUSAL:

Staff described the benefits and reasons for the recommended procedure(s), and I still exercise my right to refuse the above listed services.

Client's Signature

Date

Staff Signature

Date

NOTE: NOT TO BE USED FOR IMMUNIZATIONS