

St. Clair County Community Mental Health Authority
Choking Incident Waiver

Date: _____

Case #: _____

Individual: _____

A Community Mental Health directive has been initiated by our Medical Director that strongly recommends a referral to a primary care physician occur whenever an individual receiving CMH services has a choking incident. Your signature below indicates you are aware a choking incident has occurred and that you understand the risks associated with choking and that those risks may include death. At this time, having an understanding of those risks you are choosing not to pursue a referral to primary care physician.

Individual/Guardian Signature: _____

Relationship to individual who had a choking incident: _____

Witness: _____