Glucocorticoid Medication Provision: Refusal Letter

Patient Name:

Patient DOB:

Consultant Name:

Cortisol is a steroid hormone produced by the adrenal gland and plays a complex role in regulating body functions. It is essential for survival.

Due to a diagnosis of adrenal insufficiency, I am unable to produce cortisol naturally and am therefore **steroid dependent**.

Steroid medication is time critical to ensure my cortisol levels remain at a level that allows me to function. An adrenal crisis can be caused by my cortisol levels dipping too low.

I have explained to you that I require my prescribed steroid medication to be taken at certain times each day, to 'mimic' the natural cortisol production of the body.

Nice Guidelines

You have been made aware that refusal to provide me with my time critical glucocorticoid medication could trigger an adrenal crisis and be life-threatening.

Please sign below confirming that you have refused to give me my medication when I am required to take it.

Signed:

Print name: **Date:**

(to be completed and signed by the refusing health care professional)