

REQUEST FOR TREATMENT GUARDIAN

Honor Guardianship Services, Inc.

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Instructions:

A Request for Treatment Guardian form must be completed and submitted to Honor Guardianship before Honor and the New Mexico Office of Guardianship can begin processing the request for consideration. Submission of this form does not guarantee appointment of a Treatment Guardian or that the Treatment Guardian will be paid. In addition, Treatment Guardians must be included in treatment planning, discharge planning, meetings, and notified prior to discharge. Please allow up to 24 hours for your request to be processed.

PRINT CLEARLY & COMPLETE ALL KNOWN INFORMATION

Patient or Person needing Treatment Guardian: **Hearing Date, if known:** _____
Patient Name: _____ Date of Birth: _____ Male ___ Female ___
Address: _____ Home: _____
County of origin: _____
Phone: _____ Email: _____ Fax: _____

Current Treating Medical Facility: _____ MRN: _____ Inpatient ___ Outpatient ___
Address: _____ Phone: _____
Email: _____ Fax: _____
Diagnosis: _____
Is there a history of violence? Yes ___ No ___ Is there a history of hospitalization? Yes ___ No ___
Reason for current hospitalization/incarceration: _____

Request for Treatment Guardian submitted by:
Name: _____ Title: _____ Facility: _____
Address: _____
Phone: _____ Email: _____ Fax: _____

Social Worker/Advocate Name: _____ Facility: _____
Address: _____
Phone: _____ Email: _____ Fax: _____

Doctor's' Contact Information:
Treating Physician Name: _____ Facility: _____
Address: _____
Phone: _____ Email: _____ Fax: _____
Testifying Physician Name: _____
Address: _____
Phone: _____ Email: _____ Fax: _____
Attending Physician Name: _____
Address: _____
Phone: _____ Email: _____ Fax: _____

Outpatient Psychiatrist/Prescriber Name: _____
Address: _____
Phone: _____ Email: _____ Fax: _____

Next of Kin Information:
Relative Name: _____ Relation to Patient: _____
Address: _____ Phone: _____
Relative Name: _____ Relation to Patient: _____
Address: _____ Phone: _____

Previous Treatment Guardian: _____ Family or Corp: _____

Internal Use Only: Date Honor Rcvd: _____ Proposed TG: _____

Date OOG Rcvd: _____ Date Assigned: _____ OOG Employee: _____ Rev. 8/25/16 tlm