

REQUEST FOR TREATMENT GUARDIAN

Honor Guardianship Services, Inc.
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(505) 306-1466 | Fax: (505) 358-7292
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Instructions:

A Request for Treatment Guardian form must be completed and submitted to Honor Guardianship before Honor 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.

Patient Information:

Patient Name: Aliases: D.O.B:
Male: Female: Other: Preferred Pronouns: Inpatient: Outpatient:
Diagnosis:
Patient Address:
Phone: Hearing date, if known:
Is there a history of violence? Yes No If yes, please explain:

Is there a history of hospitalization? Yes No Reason for current hospitalization:

Facility Information:

Current treating medical facility: MRN:
Address: Phone:
Email: Fax:

Requestor Information:

Name: Title:
Phone: Email: Fax:

Social Worker/Advocate Information: If same as requestor check box

Name: Email:

Physician's Information: If same as requestor check box

Treating Physician's Name: Email:
Testifying Physician's Name: Email:

Outpatient Provider's Information: If same as requestor check box

Name: Facility: Phone:

Next of kin information:

Name: Relation to patient: Phone:
Name: Relation to patient: Phone:

Previous Treatment Guardian: Family Corporate

Please allow up to 24 business hours for your request to be processed.

Internal Use Only
Date Received: Proposed Treatment Guardian: