

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 Services (HGS) before HGS can process the request. Submission of this form does not guarantee the appointment of a Treatment Guardian (TG) or that the TG will be paid. In addition, TGs must be included in treatment planning, discharge planning, meetings, and notified prior to discharge. **The court provided Notice of Hearing or hearing date must be shared with the proposed Treatment Guardian and HGS administrator at least 24 hours prior to the hearing to guarantee that a HGS Treatment Guardian can be present.** In submitting this form, the requestor is acknowledging their understanding of this policy and procedure.

Patient Information:

Patient Name: _____ Aliases: _____ D.O.B: _____
Male: ☐ Female: ☐ Other: ☐ Preferred Pronouns: _____ Inpatient: ☐ Outpatient: ☐
Diagnosis: _____
Patient Home Address: _____
Phone: _____ Check box if patient is unhoused: ☐ Check box if no patient phone: ☐
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: _____ Phone: _____
Address: _____ Fax: _____

Requestor Information:

Name: _____ Title: _____
Phone: _____ Email: _____ Fax: _____

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: _____
Has this patient had a mental health Treatment Guardian appointed in the past? Yes ☐ No ☐

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

Internal Use Only

Date Received: _____ Proposed Treatment Guardian: _____