

REQUEST FOR TREATMENT GUARDIAN

Complete and submit to:

Honor Guardianship Services, Inc.
PO Box 56566, Albuquerque, NM 87187
(505) 306-1466 | Fax: 1 (505) 358-7292
tg@honorguardianshipservices.com

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.

PRINT CLEARLY, COMPLETE ALL KNOWN INFORMATION:

Hearing Date, if known: _____

Patient or Person needing Treatment Guardian:

Patient Name: _____ Male ___ Female ___
Date of Birth: _____ MRN: _____ Diagnoses: _____
Current Treating Medical Facility: _____ Inpatient ___ Outpatient ___
Current Address: _____ Patient Phone: _____
Home Address: _____ Home Phone: _____

Is there a history of violence? Yes ___ No ___ Is there a history of hospitalization? Yes ___ No ___
Reason for current hospitalization/incarceration: _____
Previous Treatment Guardian: _____

Social Worker/Advocate Name: _____
Address: _____ Phone: _____

Request for Treatment Guardian submitted by:

Name: _____
Address: _____ Phone: _____
Email: _____ Fax: _____

Doctors' Contact Information:

Treating Physician Name: _____
Address: _____ Phone: _____

Testifying Physician Name: _____
Address: _____ Phone: _____

Attending Physician Name: _____
Address: _____ Phone: _____

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

Next of Kin Information:

Relative Name: _____ Relation to Patient: _____
Address: _____ Phone: _____

Relative Name: _____ Relation to Patient: _____
Address: _____ Phone: _____