



# NEW MEXICO HEALTH PROFESSIONAL WELLNESS PROGRAM

## REHABILITATION PLAN CHANGE REQUEST FORM

Requests for changes to the rehabilitation plan will be considered only when the Participant has achieved and maintained a record of full compliance for a period of time that is considered appropriate by the HPWP Clinical Team.

The Rehabilitation Plan Change Request Form must be submitted to the HPWP Clinical Team not less than one month prior to the rehabilitation plan review meeting at which the Participant would like the change to be considered.

Please complete a separate Rehabilitation Plan Change Request Form for each change you would like the HPWP Clinical Team to consider.

Participant Name: \_\_\_\_\_ MTP Number \_\_\_\_\_

**What change would you like to make to your Rehabilitation Plan?**

**Have you been compliant with HPWP participation requirements?**

**How long have you maintained full compliance with participation requirements?**

**Why do you think that this change is appropriate at this time?**

**How will this change benefit your overall rehabilitation?**

**What are the potential risks to your rehabilitation of making this change?**

**What is your plan for mitigating these potential risks?**

**Have you discussed this change with you therapist and/or your counseling group?**

**Please provide a letter of support for this request from your treatment providers when you submit this form.**

**What feedback did you get?**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date of Request

( ) Approved ( ) Not Approved Date Reviewed \_\_\_\_\_

\_\_\_\_\_  
Signature of HPWP Staff member