



Please fax via confidential fax line: 651.202.4488 or scan and email: jodi.king@riveroaksmn.com

River Oaks of Minnesota: Referral Form

Name of Referral: _____ DOB: _____ Age: _____

Source of Payment: CADI EW BI Private Pay Other: _____

Personal Income Source and Amount: _____ Rep Payee: _____

County Information

Social Worker/Case Manager Name: _____ Phone Number: _____

Medical Information

Mental Health Dx: _____

Medical Dx: _____

Name of Person Making the Referral: _____

Organization Making the Referral: _____

Referral Contact Number

Phone: _____

Fax: _____

Comments/Special Requests

In addition to this form, please fax current history and physical, medication list, and the last two weeks of nursing notes.

Thank you for your referral. We will review the information and contact you within 1 business day.

Any additional questions please contact:

Jodi King, RN
Corporate Director of Nursing
Phone: 763-229-9616
Fax: 651-202-4488