



River Oaks of Minnesota

Referral Form

Name of Referral: _____ DOB: _____ Age: _____

Preferred Location:

River Oaks at Shady Ridge
225 Shady Ridge Rd NW
Hutchinson, MN 55350

River Oaks at Lake Pepin
815 N High St
Lake City, MN 55041

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

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: _____

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:

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River Oaks at Shady Ridge
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Hutchinson, MN 55350
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F: 320-587-8758

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Administrator
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