

HORIZON HEALTH, INC. REFERRAL



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

REFERRAL INFORMATION

Name of Referral

Date of Birth

Age

Source of Payment:

CADI

☐

EW

☐

BI

☐

Private Pay

☐

Other

☐

COUNTY INFORMATION

Social Worker/Case Manager Name

Phone #

REFERRAL CONTACT NUMBER

Person Making Referral

Organization Making Referral

Phone #

Fax #

Email

Select a Horizon Health division to receive referral:

☐

Harmony House Brainerd (AL/Memory Care)

☐

Harmony House Motley (AL/Memory Care)

☐

Harmony House Pierz (AL/Memory Care)

☐

Harding Place (AL/Men)

☐

United Friends (Supported Living/Disabilities)

☐

Adult Day Services Little Falls

☐

Home Care

☐

Hospice

Comments

FAX TO: 320-468-6463 OR EMAIL TO: SKEDROWSKI@HORIZONHEALTHSERVICES.COM

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HORIZON HEALTH, INC.

P.O. Box 220

Pierz, MN 56364

320-468-6451

horizonhealthservices.org