



A collaboration among the University of Minnesota, University of Minnesota Physicians and Fairview Health Services

Karen Men's Recovery Program Referral Form

Please Include a Signed Release of Information

FAX COMPLETED FORMS TO: (651) 232-7926 ATTN: Desiree Soldo

Incomplete forms will result in a delay in processing

Date: _____

Referral From

Name: _____ Phone: _____

Agency/Role: _____

Reason for Referral: _____

Client Information

Full Name: _____ DOB: _____ SSN: _____

Address: _____

Phone: _____ Does this patient have an insurance provider? No Yes

Insurance Provider: _____

Member # _____ Group # _____ PMI (if available) _____

Does this patient require an interpreter? No Yes - Language: _____



A project of M Health Fairview and the Karen Chemical Dependency Collaboration
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