



## Kitty Rhoades Memorial Memory Care Center

1446 North Fourth St | New Richmond WI 54017

Telephone: 715-246-8300 | Fax: 715-246-8331

[www.sccwi.gov](http://www.sccwi.gov)

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### Referrals and Information Request

To refer someone to our program during business hours, please contact Kitty Rhoades at 715-246-8300.

To improve the continuity and quality of care for our residents, the following information is requested at the time of referral. Please FAX this information to 715-246-8331.

- Reason for Referral
- Psychiatric Evaluation and Diagnoses
- H&P
- Physician Orders and Current Medication List with GDRs
- Psychosocial History/Assessment
- Nursing Assessment
- PT/OT/ST records
- Cognitive Testing
- Labs, X-rays, and any other Diagnostic Studies
- Last Two (2) Progress Notes
- Discharge Summary
- Behavioral Charting
- POLST
- POA/Guardianship Paperwork

Medical Clearance by MD for admission must include the following:

- UA/UC if indicated
- Labs: CBC with Diff, CMP, Vita D, Vita B12, Folic Acid, Thiamine, Lipid Panel, TSH, T4 and T3

Thank you for your cooperation in helping us to serve our residents better. We look forward to working with you.

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