

Referral Request:

Thanks for partnering with Georgia Memory Net. We're dedicated to providing your patients with an accurate diagnosis, and then returning them to your capable care.

Date of Referral: _____

☐ Georgia Resident

Patient:

Last Name: _____

First Name: _____

MI: _____ DOB: _____

Gender: M / F (circle one)

Marital Status: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

Address: _____

City: _____

State: _____

Zip: _____

Country: _____

Primary Language: _____

Interpreter required? N / Y (circle one)

Type: _____

Family Caregiver/Emergency Contact:

Name: _____

Preferred Phone: _____

Email: _____

Patient Insurance:

Insurance Carrier: _____

Member ID: _____

Group Number: _____

☐ Copy of Insurance Card Attached

Referring Provider:

Referring Provider Name: _____

Provider NPI Number: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Email: _____



If available, please include the following:

- Annual Wellness Visit notes including which Cognitive Screening Tool used and outcomes
- Any notes of observation/results of minicog assessment or similar cognitive screening tool
- Recent labs (within past year) including comprehensive metabolic, CBC, B12 level, TSH, Lipid panel, HgbA1c, RPR
- List of current medications
- Brain imaging report
- Actual brain images
- Problem list
- Allergies
- Relevant clinical notes
- Brain MRI (or CT if patient has pacemaker, mechanical heart valve/stents or previous injury involving metallic object) within the past year

Fax these documents and a completed referral form to the Memory Assessment Clinic convenient to your patient:

Albany

**Also offering Telehealth appointments*

Fax: 229-312-8595, Phone: 229-312-8590

Attn: Shaneka Wiggins, Certified Medical Assistant
GMN Memory Assessment Clinic
at Phoebe Primary Care at Northwest



Atlanta

Fax: 404-616-4260, Phone: 404-616-9390

Attn: GMN Memory Assessment Clinic
at Grady Memorial Hospital



Augusta

Fax: 706-446-0212, Phone: 706-721-2798

Attn: Kristine Cordero, Project Coordinator
GMN Memory Assessment Clinic
at MCG Augusta University



Macon

**Also offering Telehealth appointments*

Fax: 478-784-5496, Phone: 478-633-5686

Attn: Mandy Stone, LMSW, LPN or Daphne Lawson
GMN Memory Assessment Clinic
at Atrium Health — Family Health Center

