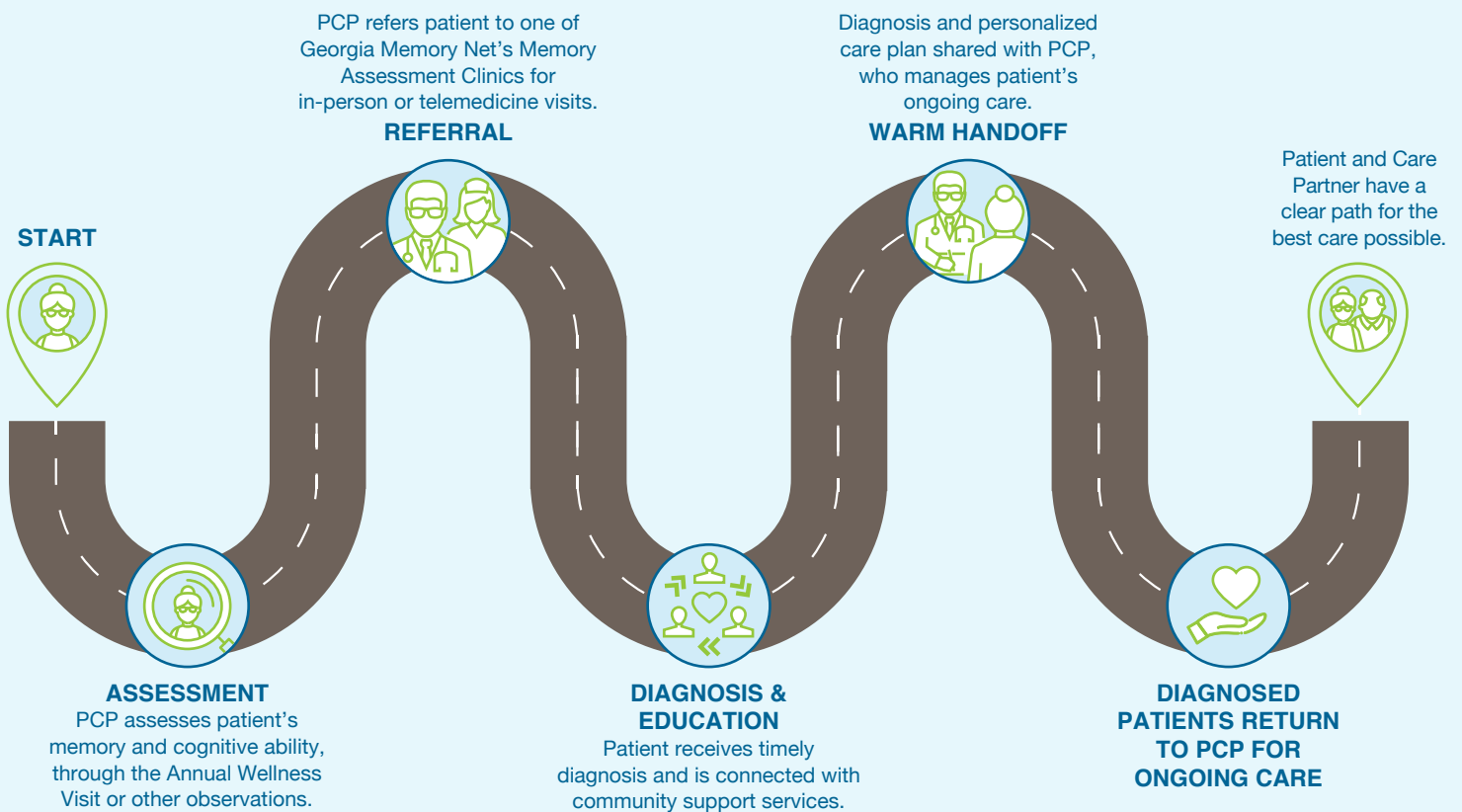


## WHAT IS GMN?

Georgia Memory Net helps PCPs get timely & accurate diagnoses for their patients who exhibit signs of memory loss or cognitive impairment. Then we provide planning and connection to community services to support Primary Care Providers in the ongoing care of their patients. Georgia Memory Net is made possible by a mandate from Georgia State Legislature.

## YOUR ASSESSMENT AND REFERRAL BEGINS THE PROCESS



## REFERRALS

### CRITERIA FOR REFERRAL

Criteria for a referral to a Georgia Memory Net Memory Assessment Clinic:

- Cognitive screening with impaired scores (all tools welcome; i.e. Mini-Cog, MMSE, MOCA, bedside cognitive exam)
- Observed or reported symptoms typical of memory loss, mild cognitive impairment, or dementia

It's preferable, but not required, to rule out other possible causes of these symptoms.

### HOW TO REFER



**Internal**  
Place order in local system (CPOE)



**External**  
Complete and send the attached referral request form to the Memory Assessment Clinic convenient to your patient. Please include any applicable labs, scans, or other pertinent information.

## 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

