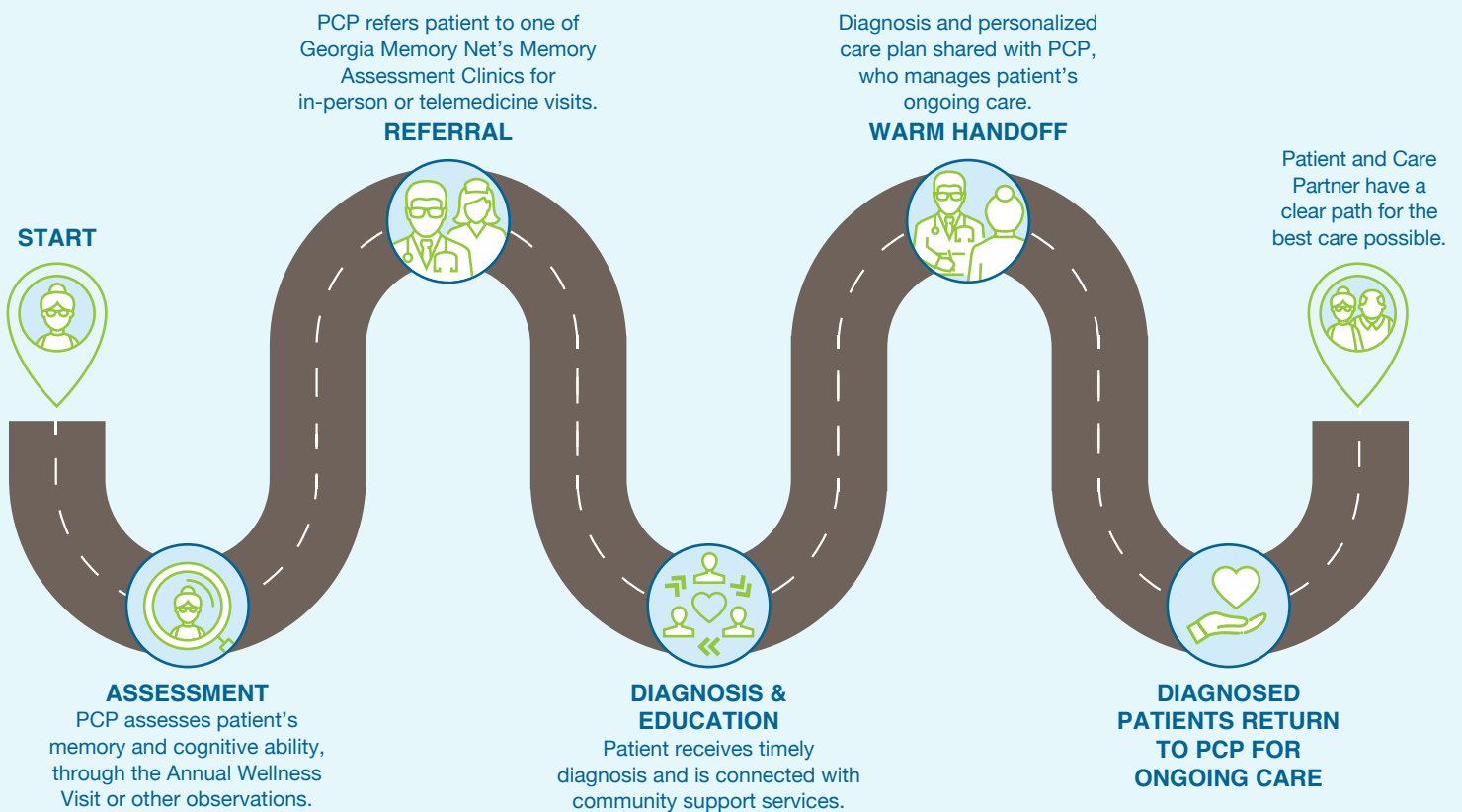


WHAT IS GMN?

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 including any 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: 404-489-6517, Phone: 404-616-4551

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



Savannah

Fax: 912-352-0346, Phone: 912-354-7676

Attn: Savannah Neurology Specialists



Gainesville

Fax: 770-219-0110, Phone: 770-219-0109

Attn: NGPG Neurology Memory Clinic

