

## 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: 478-633-5552

Attn: Kristin Jones, MSW

GMN Memory Assessment Clinic at Atrium Health — Family Health Center



#### Savannah

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

Attn: GMN Memory Assessment Clinic at Savannah Neurology Specialists



#### Gainesville

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

Attn: GMN Memory Assessment Clinic at NGPG Neurology Memory Clinic



#### Vidalia

Fax: 912-216-6152, Phone: 912-216-6161

Attn: Esther Godbee, LPN, Georgia Memory Assessment Clinic at Memorial Health Meadows Physicians Adult Primary Care

