georgia memory net

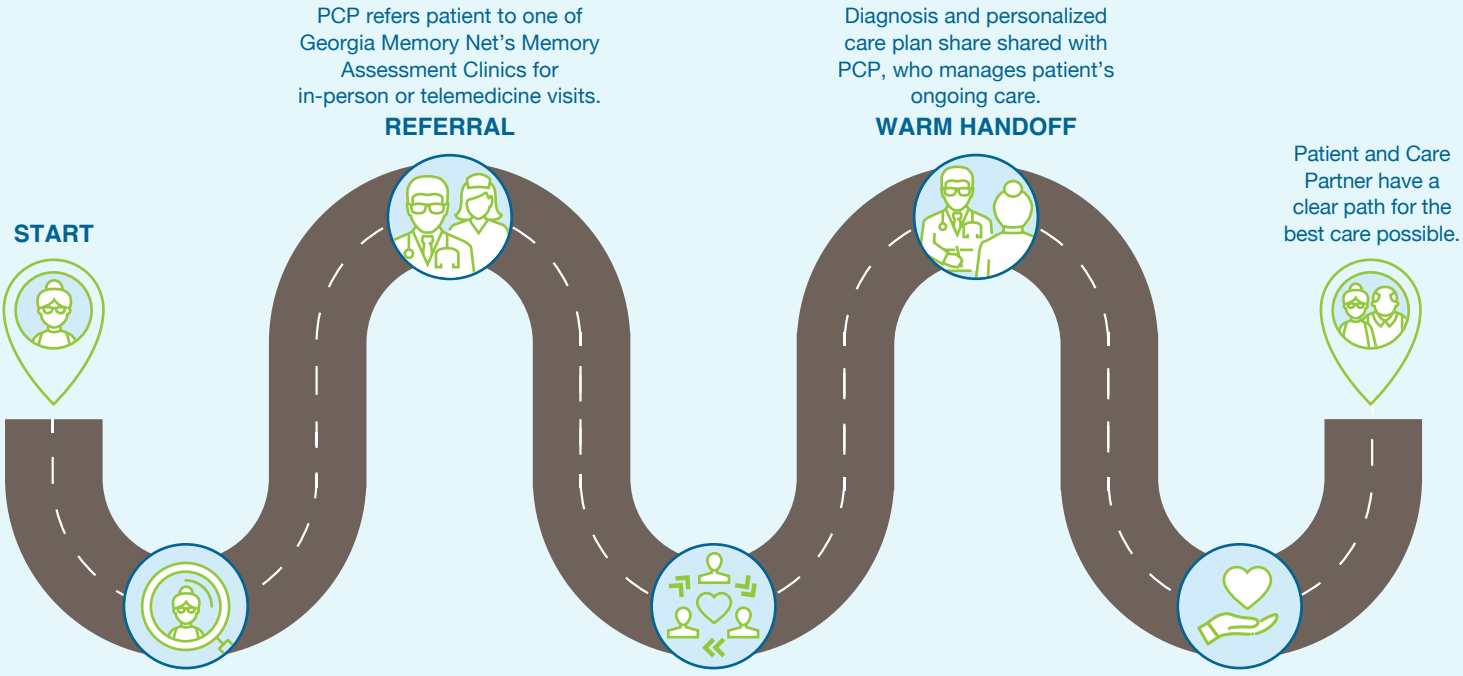
Your Patient Is Interested In an Alzheimer's or Related Dementias Diagnosis

GEORGIA MEMORY NET MAY BE ABLE TO HELP

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 (all tools welcome) with significant score
- Observed or reported behaviors typical of dementia or mild cognitive impairment

It's preferrable, but not required, to rule out other potential sources for these behaviors.

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.

Sponsored by the Georgia Department of Human Services.
Managed by the Goizueta Alzheimer's Disease Research Center at Emory University.

info@GaMemoryNet.org // GaMemoryNet.org

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: _____

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Please include the following:

- Annual Wellness Visit notes including which Cognitive Screening Tool used and outcomes

If available, please also include the following:

- Recent labs (within past year) including comprehensive metabolic, CBC, B12 level, TSH, Lipid panel, HgbA1c, RPR
- List of current medications
- 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

Please fax these documents, along with completed referral form to:

Fax: 229-312-8595
Attn: Shaneka Wiggins, Medical Assistant
GMN Memory Assessment Clinic
at Phoebe Primary Care at Northwest

Phoebe Physicians

Fax: 404-616-4260
Attn: GMN Memory Assessment Clinic
at Grady Memorial Hospital

Grady

Fax: 706-446-0212
Attn: Kristine Cordero, Project Coordinator
GMN Memory Assessment Clinic
at MCG Augusta University

Movement and Memory Disorder Center of Excellence
AUGUSTA UNIVERSITY

Fax: 706-571-1603
Attn: Scheduling Coordinator
GMN Memory Assessment Clinic
at Piedmont Columbus Regional Family Medicine Center

Piedmont
COLUMBUS REGIONAL

Fax: 478-784-5496
Attn: Veronda Perkins, Practice Manager
GMN Memory Assessment Clinic
at Navicent Health — Family Health Center

NavicentHealth

Sponsored by the Georgia Department of Human Services.
Managed by the Goizueta Alzheimer's Disease Research Center at Emory University.