INTRODUCING
GEORGIA MEMORY NET

Clarity. Care. Community.
Our Partnerships
Memory Assessment Clinic Locations

- Atlanta
- Augusta
- Macon
- Albany
- Columbus
Our Goals

- Increase awareness & improve screening among Primary Care Providers
- Expand access to diagnostic services statewide
- Connect Georgians with Alzheimer’s to community support
- Provide oversight of performance and data collection
The Process: An Always Integrated Path

1. Patient then returns to PCP for continued care.
2. PCP identifies the risk.
3. 1st MAC appointment.
4. Customized care plan developed for the patient.
5. Community support offers ongoing care and partnership.
Who Would Likely Benefit from a Referral?

**Most Likely** to Benefit from GMN
- Patient with **memory loss** and an **unclear diagnosis**

**Less Likely** to Benefit from GMN
- Patient with existing **clear diagnosis** of Alzheimer’s disease or another dementia
- Patient resides in a skilled nursing facility
- Patient with history of traumatic brain injury
- Patient age younger than 50
The Community Services Educator (CSE)

• A connection, not a counselor
• Specially-trained professionals, educating patients and families while connecting them to community support

What They Do

• Assess patient and care partner needs
• Create personalized care recommendation
• Connect patients and their care partners to community services
Referral Request:

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

Date of Referral

Georgia Resident

Patient:

Last Name:

First Name:

MI

DOB

Gender: M / F (Specify one)

Marital Status

Home Phone:

Mobile Phone:

Email

Address

City:

State:

Zip:

Country:

Primary Language:

Interpreter required (yes / no)

Type:

Family Caregiver/Emergency Contact:

Name:

Referred Phone:

Email

Patient Insurance:

Insurance Company:

Member ID:

Group Number:

Copy of Insurance Card Attached

Referring Provider:

Referring Provider Name:

Provider NPI Number:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Please include the following:

- Annual Alzheimer's Visit notes including which Cognitive Screening Tool used and outcomes

If available, please also include the following:

- Recent lab (within past year) including comprehensive metabolic, CBC, D12 level, TSH, LVP panel, and/or MRI, CTT

- List of current medications

- Brain imaging report

- Actual brain images

- Problem list

- Allergies

- Relevant clinical notes

- Brain MRI (or CT if patient has ascertainment; mechanical heart valves etc. or previous injury involving metal objects) within the prior year

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

Albany

Fax: 229-312-8515

Phone: 229-312-8910

Attr: Shereeka Wiggins, Medical Assistant

GRN Memory Assessment Clinic

at Phoebe Primary Care at Northwest

Atlanta

Fax: 404-416-4261

Phone: 404-415-4567

Attr: GRN Memory Assessment Clinic

at Grady Memorial Hospital

Augusta

Fax: 706-446-6212

Phone: 706-721-3796

Attr: Kristine Cordova, Project Coordinator

GRN Memory Assessment Clinic

at MCG Augusta University

Columbus

Fax: 706-571-1003

Phone: 706-571-1120

Attr: Scheduling Coordinator

GRN Memory Assessment Clinic

at Piedmont Columbus Regional Family Medicine Center

Macon

Fax: 478-784-1494

Phone: 478-635-1891

Attr: Yeasha Peart, Project Manager

GRN Memory Assessment Clinic

at Navicent Health — Family Health Center

https://gamemorynet.org/patient/patient-referrals/
QUESTIONS?

Contact:
Laurie Beth Bryant
lbrya25@emory.edu

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