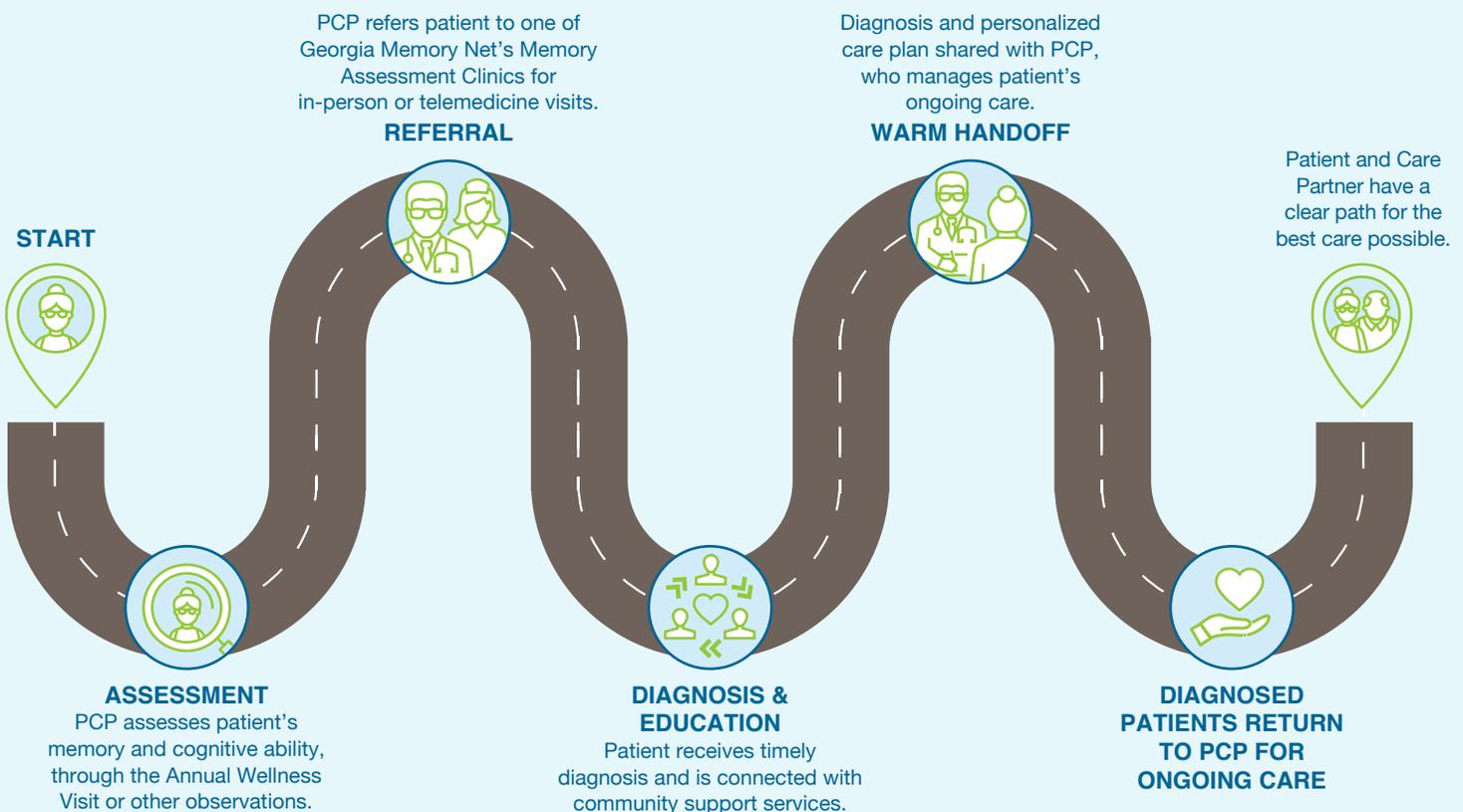


WHAT IS GMN?

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: _____



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
- 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

Fax: 229-312-8595, Phone: 229-312-8590

Attn: Shaneka Wiggins, Medical Assistant

GMN Memory Assessment Clinic

at Phoebe Primary Care at Northwest



Atlanta

Fax: 404-616-4260, Phone: 404-616-4567

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



Columbus

Fax: 706-571-1603, Phone: 706-571-1120

Attn: Scheduling Coordinator

GMN Memory Assessment Clinic

at Piedmont Columbus Regional Family Medicine Center



Macon

Fax: 478-784-5496, Phone: 478-633-5686

Attn: Veronda Perkins, Practice Manager

GMN Memory Assessment Clinic

at Navicent Health — Family Health Center

