



## A Letter to Our Patients and Partnered Providers

Tennessee Memory Disorders Foundation (formerly Genesis Neuroscience Clinic) is a team of providers and staff dedicated to the treatment of memory loss and Alzheimer's Disease and Related Dementias (ADRD). Dr. Monica Crane, our medical director, is a board-certified geriatric superspecialist with a focus on neurodegenerative diseases such as Alzheimer's.

If you or a loved one has concerns about memory, contact your Primary Care Provider to complete the referral form found below. Incomplete referrals will no longer receive updates. Please note we are not a general neurology practice. We only evaluate and treat dementia and cognitive disorders. Patients with other neurological conditions such as mood disorders or major strokes will be directed to the appropriate specialty.

**Notice on Referrals – Effective 06.13.2025:** Due to the ongoing geriatric healthcare crisis, referral volume and demand have significantly increased across the region. To prioritize patients with the greatest unmet need, we have revised our referral requirements. At this time, we cannot accept patients who are currently under evaluation or treatment with another dementia specialist. This measure is temporary and will be reassessed as conditions improve.

**Testing Policy Update – Effective 08.01.2025:** We accept the following cognitive screening tools for incoming referrals:

- Mini-Mental State Examination (MMSE)
- Montreal Cognitive Assessment (MoCA)
- Saint Louis University Mental Status Examination (SLUMS)

There is no longer a minimum score cutoff required.

Sincerely,

The TMDF Team



## Referral Form (updated 08/01/2025)

DATE OF REFERRAL: \_\_\_/\_\_\_/\_\_\_\_\_

Referrals missing required documentation **will NOT be reviewed.** All items listed **must be complete** and submitted together before the referral will be accepted.

- Completed Referral Form
- Legible Photocopies of Insurance Cards
- Patient Demographics / Facesheet
- Office Notes Indicating Memory Loss and Updated Medication List
- Scanned Copy of Cognitive Testing:

**MoCA/MMSE/SLUMS Score** \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_ **Please attach FULL TESTING.**

- Brain MRI or FDG-PET within the last 12 months. (CT scan if implanted device is present)

**Imaging Type** \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_ **Please attach report.**

- Labs (all three are required)

**B12** Date \_\_\_/\_\_\_/\_\_\_\_\_ Results \_\_\_\_\_

**TSH** Date \_\_\_/\_\_\_/\_\_\_\_\_ Results \_\_\_\_\_

**Creatinine** Date \_\_\_/\_\_\_/\_\_\_\_\_ Results \_\_\_\_\_

- Confirmation of Amyloid or Tau (**OPTIONAL and preferred**)

**Preference given to patients with amyloid-tau confirmation in addition to the above requirements.**

**Amyloid** Date \_\_\_/\_\_\_/\_\_\_\_\_ Results \_\_\_\_\_

**pTau-217** Date \_\_\_/\_\_\_/\_\_\_\_\_ Results \_\_\_\_\_

**pTau-181** Date \_\_\_/\_\_\_/\_\_\_\_\_ Results \_\_\_\_\_

Referring Physician \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Insurance Name \_\_\_\_\_

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Preferred Contact Name and Number for Scheduling \_\_\_\_\_

Please call our referral line at ext. 208 with any questions.

**For your convenience attached below you will find two of the cognitive testings we accept.**

**Feel free to save and use these exact copies for future referrals.**

**When including cognitive testing in referrals, we must have a scanned copy of the testing.  
We will not accept typed score reports/summaries.**

## Cognitive Mini-Mental State Exam

Name \_\_\_\_\_

Date: \_\_\_\_\_

Examiner's Name: \_\_\_\_\_

Resident Score	Maximum Score
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### ORIENTATION

_____	5	What is the (year), (season), (date), (day), (month)?
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_____	5	Where are we (country), (state), (county), (city), (clinic)?
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### Text

### REGISTRATION

_____	3	Name 3 objects allotting one second to say each one. Then ask the resident to name all 3 objects after you have said them. Give one point for each correct answer. Repeat them until he/ she hears all 3. Count trials and record number.
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APPLE      BOOK      COAT

Trials: \_\_\_\_\_

### ATTENTION AND CALCULATION

_____	5	Begin with 100 and count back by 7 (stop after 5 answers) 93, 86, 79, 72, 65. Score one point for each correct answer. If the resident will not perform this task, ask the resident to spell "WORLD" backwards (DLROW). Record the resident's spelling: _____
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### RECALL

_____	3	Ask the resident to repeat the objects above (see Registration). Give one point for each correct answer.
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### LANGUAGE

_____	2	Naming: Show a pencil, and a watch and ask the resident to name them.
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_____	1	Repetition: Repeat the following: "No ifs, ands or buts."
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_____	3	Three Stage Command: Follow the three-stage command. "Take paper in your right hand; fold it in half; and put it on the table."
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_____	1	Reading: Read and obey the following: "Close your eyes." Show the resident the item written on the reverse side, or attached.
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_____	1	Writing: Write a sentence (on reverse side)
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_____	1	Copying: Copy the design of the intersecting pentagons (on reverse side).
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_____	30	Total Score Possible
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# CLOSE YOUR EYES

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# WRITE A SENTENCE

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# COPY DESIGN

