Andwell
HEALTH PARTNERS

☐ Patient self-referred. Please provided needed information.

Attn: GUIDE Program | **Date Sent**: | **Fax Number**:

Patient Name: | **Date of Birth**: | **Patient Phone**:

Caregiver Name *(if applicable)*: | **Caregiver Phone**:

Caregiver resides with patient ☐ Yes ☐ No | **Caregiver Email**:

Address: | **Patient Email**:

County of Residence: ☐ Androscoggin ☐ Cumberland (*parts of, Andwell will determine eligibility*)
☐ Franklin ☐ Kennebec ☐ Lincoln (*Dresden only*) ☐ Oxford ☐ Sagadahoc
☐ Somerset (*Anson, Mercer, New Portland, Starks only*) ☐ York (*Cornish, Limington, Parsonsfield only*)

Primary Care Provider: | **Phone**:

Referring Provider: | **Phone**:

Dementia Diagnosing Provider: | **Phone**:

Our office identified a patient who may benefit from GUIDE services, whose eligibility is demonstrated by meeting the below GUIDE program criteria.

☐ The patient has traditional Medicare (A & B) as their primary payer. **Medicare Number**:

☐ The patient is not enrolled in Medicare Advantage or another Medicare Health plan, PACE or the hospice benefit.

☐ The patient does not reside in a long-term skilled nursing home.

Fax this completed form to: Attn: Patient Services Center at 207-784-3516

15 Strawberry Avenue, Lewiston, Maine 04240 | (207) 777-7740 *or* (800) 4820-7412 | info@andwell.org | ANDWELL.ORG

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Patient Name: Date of Birth:

The remainder of this form should be completed by a provider:

☐ The patient has one of the below dementia diagnoses (*check all that apply*). Be as specific as possible.

☐	F01.xx	Vascular dementia - ICD 10:
☐	F02.xx	Dementia in other diseases classified elsewhere - ICD 10:
☐	F03.xx	Unspecified dementia - ICD 10:
☐	F10.27	Alcohol dependence with alcohol-induced persisting dementia
☐	F10.97	Alcohol use, unspecified with alcohol-induced persisting dementia
☐	F13.27	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting dementia
☐	F13.97	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced persisting dementia
☐	F18.97	Inhalant use, unspecified with inhalant-induced persisting dementia
☐	F19.17	Other psychoactive substance abuse with psychoactive substance-induced persisting dementia
☐	F19.27	Other psychoactive substance dependence with psychoactive substance-induced persisting dementia
☐	F19.97	Other psychoactive substance use, unspecified with psychoactive substance-induced persisting dementia
☐	G30.0	Alzheimer's disease with early onset
☐	G30.1	Alzheimer's disease with late onset
☐	G30.8	Other Alzheimer's disease
☐	G30.9	Alzheimer's disease, unspecified
☐	G31.1	Senile degeneration of brain, not elsewhere classified
☐	G31.2	Degeneration of nervous system due to alcohol
☐	G31.01	Pick's disease
☐	G31.09	Other frontotemporal neurocognitive disorder
☐	G31.83	Neurocognitive disorder with Lewy bodies

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Please include the following with your patient's referral:

- [ ] History and physical
- [ ] Medication list
- [ ] Consultative note re: the patient's dementia type/diagnosis
- [ ] Last 2 office visit notes
- [ ] Discharge summary from any recent hospitalizations or Emergency Department visit
- [ ] Demographics (including Medicare benefit number and caregiver contact information)
- [ ] Power of attorney and/or guardianship documentation
- [ ] Advanced directive and/or POLST

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