The Maria Holder Diabetes Centre for the caribbean
Warrens, St Michael, Barbados

Barbados Diabetes Foundation

REFERRAL FORM

Client Information:

Surname: First Name:
Date of Birth: ID Number:
Address:
Preferred Contact
Home Phone: Mobile Phone:
NOK Mobile Contact: Email:

Last HbA1c (if available) _____% _____ Date
Last Creatinine (if available) _____ _____ Date

Screening Service:

Vascular Screening Diabetic Eye Screening

Other Services Available:

Physician Consultation Diabetes Specialist Nurse Consultation
Registered Dietician Nurse Led Foot Screening and Education
Basic Nail Care and Callus Management Wound Care
OCT and Glaucoma Screening Cardiology by Physician Referral Only with ECG
Please contact us directly for referral to other services.

Referred by:

Name: _____
Address: _____
Email: _____
Indication for referral: _____

Please note:

- Basic Eye Screening services do not include the issuing of prescriptions or glasses.
- Reports will be issued back to the referring care provider by email.
- Advise your client that eye drops will be used for eye screening and they should bring sunglasses to wear afterwards.
- Advise your client to come with a current medication list.

If you require assistance or need more information please contact us at @ 417-0305 or via WhatsApp @ 233-3024. We're here to help!