

Date: [Insert Date]

To: [Podiatry Department/Clinic Name]

Address: [Clinic Address]

RE: Routine Diabetic Foot Screening Referral

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

NHS/ID Number: [ID Number]

Address: [Patient Address]

Phone Number: [Patient Phone Number]

Dear Podiatry Team,

I am referring this patient for a routine annual diabetic foot assessment. This patient has a diagnosis of Type [1/2] Diabetes Mellitus (Year of Diagnosis: [Year]).

Clinical Information:

- **Latest HbA1c:** [Result] mmol/mol (Date: [Date])
- **Current Medication:** [List relevant medications or attach list]
- **Relevant History:** [e.g., Previous ulcers, neuropathy, peripheral vascular disease, or None]

Current Foot Status:

- **Sensation:** [Normal/Reduced/Absent]
- **Circulation (Pulses):** [Palpable/Weak/Absent]
- **Deformities:** [e.g., Claw toes, bunions, or None]
- **Active Ulceration:** [No/Yes]

The patient is currently asymptomatic and requires a formal risk stratification (Low/Increased/High/Urgent) and foot care education as per standard protocols.

Please contact the patient directly to schedule an appointment.

Sincerely,

[Your Name/Signature]

[Title/Role]

[Practice/Organization Name]

[Contact Information]