

**Date:** [Insert Date]

**To:** [Specialist Name/Neurology Department]

**Facility:** [Clinic/Hospital Name]

**Address:** [Recipient Address]

**RE: Referral for Urgent Assessment of Severe Diabetic Neuropathy**

**Patient Name:** [Patient Full Name]

**Date of Birth:** [DOB]

**NHS/Medical ID:** [ID Number]

Dear Dr. [Recipient Last Name],

I am writing to refer this patient for an urgent neurological evaluation regarding severe and progressive diabetic neuropathy symptoms.

**Medical History:**

The patient has a history of [Type 1/Type 2] Diabetes Mellitus diagnosed in [Year]. Their most recent HbA1c was [Value] on [Date].

**Current Presentation:**

The patient reports severe symptoms including:

- [Intense burning pain / Sharp electric sensations]
- [Complete numbness / Loss of protective sensation]
- [Muscle weakness / Gait instability and frequent falls]
- [Symptoms of autonomic dysfunction, e.g., orthostatic hypotension]

**Clinical Findings:**

Physical examination reveals [e.g., absent deep tendon reflexes, diminished monofilament perception, or visible muscle atrophy]. There are [no / current] signs of secondary ulceration or Charcot neuroarthropathy.

**Current Medications:**

[List medications, e.g., Gabapentin, Amitriptyline, Duloxetine]. These have provided inadequate relief to date.

**Reason for Referral:**

I am requesting a comprehensive diagnostic assessment, including [EMG/Nerve Conduction Studies], to confirm the extent of nerve damage and to advise on advanced pain management or therapeutic interventions.

Thank you for seeing this patient in a timely manner.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic Name]

[Your Phone Number]