

**Date:** [Insert Date]

**To:** [Specialist/Clinic Name]

**Address:** [Recipient Address]

**RE: High-Risk Diabetic Foot Care Referral**

**Patient Name:** [Patient Name]

**Date of Birth:** [DOB]

**Health Insurance Number:** [ID Number]

Dear Colleague,

I am referring this patient for urgent evaluation and management of a high-risk diabetic foot condition. This patient has been diagnosed with Diabetes Mellitus Type [1/2].

**Current Clinical Findings:**

[Describe current ulcer, infection, or wound site]

**Risk Factors:**

- Peripheral Neuropathy: [Yes/No]
- Peripheral Arterial Disease: [Yes/No]
- History of Previous Amputation: [Yes/No]
- Structural Deformity: [Yes/No]

**Current Medications:**

[List relevant medications, especially glucose-lowering agents and antibiotics]

**Recent Labs:**

- HbA1c: [Value] (Date: [Date])
- ABI/Vascular Studies: [Results]

Please assess for [Specialized Debridement / Offloading / Vascular Intervention / Infection Management] and provide a treatment plan for ongoing care.

Thank you for your assistance with this patient.

Sincerely,

[Your Name]

[Your Title/Organization]

[Phone Number]