

Date: [Date]

To: [Podiatrist Name/Clinic Name]

Address: [Podiatrist Address]

RE: [Patient Name]

DOB: [Patient Date of Birth]

Address: [Patient Address]

Phone: [Patient Phone Number]

Dear Podiatry Team,

I am writing to formally refer this patient for urgent podiatric assessment and management due to complications related to Diabetic Peripheral Vascular Disease (PVD).

Relevant Medical History:

Type [1/2] Diabetes Mellitus (Diagnosis Year: [Year])

HbA1c: [Recent Result] ([Date])

Vascular Assessment Findings:

Pedal Pulses: [Absent/Diminished/Normal]

Capillary Refill Time: [Seconds]

Lower Limb Skin Changes: [Atrophy/Discoloration/Hair Loss/Cool Temperature]

Symptoms: [Claudication/Rest Pain/Ulceration]

Current Clinical Concerns:

[Description of active foot issues, e.g., non-healing ulcer, infection, necrotic tissue, or high-risk status]

Current Medications:

[List medications, specifically antiplatelets and glucose-lowering agents]

Requested Action:

Comprehensive vascular foot assessment, wound care management, and a long-term preventative foot care plan to reduce the risk of amputation.

Thank you for your expertise in co-managing this high-risk patient. Please contact me if you require further information.

Sincerely,

[Your Name/Signature]

[Your Title/Designation]

[Clinic Name/Contact Information]