

**Date:** [Date]

**To:** [Specialist Name/Podiatry Clinic/Vascular Team]

**Department:** [Department Name]

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

**RE: Urgent Referral for Acute Diabetic Foot Management**

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

**DOB:** [Date of Birth]

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

**Contact Number:** [Phone Number]

Dear Colleague,

I am referring this patient for urgent assessment and management of an acute diabetic foot wound. The clinical details are as follows:

**Presenting Wound Details:**

- Location: [e.g., Left First Metatarsal Head]
- Duration: [Number of days/weeks]
- Appearance: [e.g., Depth, exudate, slough, necrosis]
- Signs of Infection: [e.g., Erythema >2cm, warmth, swelling, foul odor]

**Clinical Indicators:**

- Pedal Pulses: [e.g., Palpable / Weak / Absent]
- Sensation: [e.g., Loss of protective sensation via monofilament]
- Current Systemic Status: [e.g., Febrile/Afebrile, stable/unstable]

**Medical History:**

- Diabetes Type: [Type 1 / Type 2]
- Latest HbA1c: [Value and Date]
- Comorbidities: [e.g., CKD, Peripheral Arterial Disease, Retinopathy]

**Current Management:**

- Antibiotics prescribed: [Drug name, dose, and duration]
- Dressing applied: [Type of dressing]
- Weight-bearing status: [e.g., Non-weight bearing advised]

I am concerned about the risk of [e.g., osteomyelitis, abscess, limb ischemia] and request a multidisciplinary review at your earliest convenience.

Sincerely,

[Your Name]

[Your Title/Designation]

[Your Contact Information/Clinic Stamp]