Date: [Insert Date]

To: [Referring Physician Name]
Address: [Clinic Address]
Fax/Phone: [Contact Details]

RE: [Patient Name]
DOB: [Patient Date of Birth]
ID: [Patient Medical Record Number]

Dear Dr. [Physician Last Name],

Thank you for referring [Patient Name] for an initial endocrinology evaluation regarding complex diabetes management. I had the pleasure of seeing them in the clinic today.

History of Present Illness

[Insert duration of diabetes, current glycemic control, frequency of hypo/hyperglycemic episodes, and specific complications or barriers to management].

Active Medications

[List all diabetes medications, doses, and frequencies, as well as relevant cardiovascular or renal medications].

Review of Systems & Physical Exam

- **Weight:** [kg/lbs] | **BMI:** [Value] | **BP:** [mmHg]
- **Foot Exam:** [Normal/Abnormal/Sensation/Pulses]
- **Fundoscopic Exam:** [Last eye exam date and findings]
- **Relevant Findings:** [Lipohypertrophy, thyroid, or cardiovascular findings]

Recent Laboratory Results

HbA1c: [Value] ([Date])
eGFR/Creatinine: [Value]
Urine ACR: [Value]
Lipid Profile: [Values]

Assessment & Clinical Impression

[Insert summary of diabetes type, level of control, and identification of specific complications such as neuropathy, retinopathy, or nephropathy].

Management Plan

1. **Medication Changes:** [New prescriptions or dosage adjustments]
2. **Monitoring:** [CGM initiation, frequency of fingersticks, or titration schedules]
3. **Education:** [Referral to DSME, carb counting, or insulin pump training]
4. **Laboratory Orders:** [Pending tests for next visit]
5. **Referrals:** [Ophthalmology, Podiatry, Cardiology, etc.]

I have scheduled a follow-up appointment in [Time Frame] to review progress and adjust therapy as needed. I look forward to collaborating on this patient's care.

Sincerely,

[Your Name, MD/DO/NP/PA]
[Clinic Name]
[Contact Information]