Date: [Insert Date]

To: [Consulting Endocrinologist Name]
Department: Endocrinology and Metabolism
Facility: [Hospital/Clinic Name]

RE: Referral for Complex Diabetes Management
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
NHS/Medical Record Number: [ID Number]

Dear Dr. [Last Name],

I am referring this patient for an urgent specialist consultation regarding **Hypoglycemia Unawareness** and complex glycemic management.

Clinical Summary:
The patient has a diagnosis of [Type 1 / Long-standing Type 2] Diabetes Mellitus. Recently, they have experienced a significant loss of autonomic warning symptoms during hypoglycemic episodes. This has resulted in several severe events requiring [third-party assistance / emergency intervention].

Current Treatment Regimen:

- **Insulin Delivery:** [MDI / Insulin Pump Model]
- **Monitoring:** [BGM / CGM / Flash Monitoring]
- **Current Medications:** [List relevant medications]

Key Clinical Data:

- **Latest HbA1c:** [Value]% dated [Date]
- **Hypoglycemia Frequency:** [Number] episodes per week
- **Gold/Clarke Score:** [Insert Score if known]
- **Comorbidities:** [e.g., Gastroparesis, Autonomic Neuropathy, CKD]

Reason for Referral:

The patient requires an advanced review of their insulin-to-carbohydrate ratios, basal rates, and potential candidacy for automated insulin delivery (AID) systems or sensor-augmented pump therapy. We also request formal education on hypoglycemia reversal and structured strategies to restore metabolic awareness.

Thank you for your expertise in co-managing this high-risk patient.

Sincerely,

[Your Name]
[Your Title/Designation]
[Contact Information]