

Date: [Date]

To: [Referring Physician Name]

Address: [Physician Clinic Address]

RE: Initial Diabetic Foot Evaluation

Patient Name: [Patient Name]

Date of Birth: [DOB]

Date of Exam: [Date of Exam]

Dear Dr. [Physician Last Name],

I had the pleasure of evaluating [Patient Name] today for an initial diabetic foot screening and lower extremity assessment.

Clinical Findings:

- **Vascular:** [e.g., Pulses palpable, capillary refill time, presence of edema]
- **Neurological:** [e.g., 5.07/10g Monofilament testing results, presence of neuropathy]
- **Dermatological:** [e.g., Skin integrity, presence of calluses, tinea pedis, or ulcerations]
- **Musculoskeletal:** [e.g., Deformities, bunions, hammertoes, range of motion]

Risk Categorization:

Based on today's exam, the patient is categorized as: [Low Risk / Moderate Risk / High Risk] for diabetic foot complications.

Assessment and Plan:

- [Diagnosis/Assessment 1]
- [Diagnosis/Assessment 2]

Treatment Provided/Recommendations:

- Debridement of [nails/calluses] performed today.
- Education provided on daily foot inspections and proper footwear.
- Recommended for [Diabetic Shoes/Orthotics/Follow-up in X months].

Thank you for the referral. I will continue to monitor the patient's foot health as part of their comprehensive diabetes management team.

Sincerely,

[Podiatrist Signature]
[Podiatrist Name, DPM]
[Clinic Name]