

**Date:** [Insert Date]

**Patient Name:** [Insert Patient Name]

**Date of Birth:** [Insert DOB]

**Patient ID:** [Insert ID Number]

Dear [Patient Name],

This letter is to summarize the results of your recent preventative diabetic foot care assessment conducted on [Date of Exam]. Regular foot exams are a vital part of managing your diabetes and preventing long-term complications.

**Assessment Summary:**

- **Skin Integrity:** [Normal / Dry / Calluses / Lesions present]
- **Circulation (Pulses):** [Strong / Diminished / Absent]
- **Neuropathy (Sensation):** [Intact / Reduced / Lost]
- **Deformities:** [None / Bunions / Hammer toes]
- **Footwear Evaluation:** [Appropriate / Requires replacement]

**Risk Category:**

[Low Risk / Moderate Risk / High Risk]

**Recommended Plan of Action:**

- [Daily self-inspections of the soles and between toes]
- [Routine nail trimming by a professional]
- [Referral to Podiatry for specialized footwear or orthotics]
- [Follow-up assessment in 3 / 6 / 12 months]

**Warning Signs:** Please contact our office immediately if you notice any redness, swelling, blisters, or sores that do not heal within 24 hours.

Sincerely,

[Provider Name/Signature]

[Clinic/Facility Name]

[Phone Number]