

Date: [Date]

To: [Podiatrist/Specialist Name]

Department: [Podiatry/Foot Clinic]

Facility: [Clinic/Hospital Name]

RE: Routine Diabetic Foot Examination Referral

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

NHS/Medical Record Number: [ID Number]

Dear [Clinician Name],

I am referring this patient for a routine annual diabetic foot and neurovascular assessment. This patient has a diagnosis of [Type 1 / Type 2] Diabetes Mellitus, originally diagnosed in [Year].

Current Clinical Status:

- **Latest HbA1c:** [Result] mmol/mol (Date: [Date])
- **Relevant History:** [e.g., Neuropathy, Peripheral Vascular Disease, or None]
- **Active Foot Issues:** [e.g., None - Routine screening / Callus / Deformity]
- **Medications:** [List relevant medications]

The purpose of this referral is to perform a comprehensive risk stratification, including sensation testing (monofilament), pedal pulse palpation, and education regarding preventative foot care.

Please provide a report of your findings and the assigned risk category (Low, Moderate, or High) for our records.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title/Designation]

[Your Practice Name]