

Date: [Date]  
To: [Specialist Name/Endocrinology/Neurology]  
Address: [Specialist Address]

RE: [Patient Name]  
DOB: [Date of Birth]  
NHS/ID Number: [ID Number]

Dear Dr. [Last Name],

I am referring this patient for a formal consultation regarding suspected or progressive Diabetic Peripheral Neuropathy.

**Clinical Background:**

The patient has a history of [Type 1/Type 2] Diabetes Mellitus, diagnosed in [Year]. Their most recent HbA1c was [Value] on [Date].

**Current Symptoms:**

The patient reports the following symptoms in the [bilateral/left/right] lower extremities:

- [Paresthesia/Numbness/Tingling]
- [Burning pain/Sharp stabbing sensations]
- [Loss of balance/Gait instability]
- Symptoms are worse at [night/during activity].

**Physical Examination Findings:**

- Monofilament Test: [Decreased sensation at X sites]
- Vibration Sense (128Hz): [Reduced/Absent]
- Ankle Reflexes: [Reduced/Absent]
- Pedal Pulses: [Palpable/Diminished]
- Skin Integrity: [Note any ulcers or calluses]

**Current Medications:**

[List medications, e.g., Metformin, Insulin, Gabapentin, etc.]

**Reason for Referral:**

I would appreciate your expert assessment to confirm the diagnosis, perform [Nerve Conduction Studies/EMG] if indicated, and provide recommendations for advanced pain management or glycemic control optimization.

Thank you for seeing [Patient Name] in your clinic. Please contact my office if you require further information.

Sincerely,

[Your Name]  
[Your Title]  
[Facility Name]