

Date: [Date]

To: [Consultant Name/Department]

Clinic: [Endocrinology/Diabetic Foot Clinic Name]

Address: [Clinic Address]

RE: Urgent Diabetic Foot Referral

Patient Name: [Patient Full Name]

DOB: [Date of Birth]

NHS/Medical Record Number: [ID Number]

Contact Number: [Phone Number]

Dear Doctor,

I am referring this patient for an urgent specialist consultation regarding a diabetic foot complication.

Reason for Referral:

[e.g., New foot ulcer, suspected osteomyelitis, Charcot neuroarthropathy, or worsening infection]

Clinical Findings:

- **Location:** [e.g., Left first metatarsal head]
- **Duration:** [e.g., 5 days]
- **Signs:** [e.g., Erythema, edema, purulent discharge, or foul odor]
- **Pulses:** [e.g., Dorsalis pedis and posterior tibial pulses present/absent]

Diabetes History:

- **Type:** [Type 1 / Type 2]
- **Latest HbA1c:** [Value] dated [Date]
- **Complications:** [e.g., Retinopathy, Nephropathy, Peripheral Neuropathy]

Current Management:

- **Antibiotics:** [Name, Dose, Frequency, Start Date]
- **Wound Care:** [Type of dressing used]
- **Offloading:** [e.g., Surgical shoe, non-weight bearing]

Past Medical History:

[Brief list of comorbidities and allergies]

Thank you for your urgent assessment and management of this patient.

Sincerely,

[Your Name]

[Your Title]

[Your Facility/Practice Name]
[Your Contact Information]