

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Medical Record Number: [Insert MRN]

Subject: Diabetic Foot Amputation Risk Assessment Report

Dear [Patient Name or Referring Physician],

This letter summarizes the results of the comprehensive diabetic foot evaluation performed on [Examination Date]. The purpose of this assessment is to determine the risk level for lower extremity ulceration and potential amputation.

Clinical Findings:

- **Neuropathy:** [Present/Absent] - (Sensitivity to 10g Monofilament)
- **Peripheral Arterial Disease (PAD):** [Present/Absent] - (Pulse Palpation/ABI results)
- **Foot Deformities:** [None/List Deformities - e.g., Bunions, Hammer Toes, Charcot]
- **History of Ulcers:** [Yes/No]
- **History of Previous Amputation:** [Yes/No]

Risk Categorization:

Based on the International Working Group on the Diabetic Foot (IWGDF) guidelines, the patient is classified as:

Risk Category: [Select: 0 (Very Low) / 1 (Low) / 2 (Moderate) / 3 (High)]

Recommendations and Management Plan:

- **Follow-up Frequency:** Every [Number] months.
- **Footwear:** [Standard/Therapeutic/Custom Orthotics]
- **Referrals:** [Vascular Surgery/Podiatry/Diabetes Educator/None]
- **Self-Care:** Daily foot inspections and immediate reporting of any redness, blisters, or breaks in the skin.

Provider Comments:

[Insert additional clinical notes here]

Sincerely,

[Provider Signature]

[Provider Name and Title]

[Facility/Clinic Name]