#### **Clinic Letter 1**

Patient Name: John Doe Date of Birth: 12/03/1979

**Date:** 15/11/2024

**Referring Physician:** Dr. Sarah Evans, GP **Clinic:** Endocrinology & Diabetes Clinic

Reason for Visit: Poor glycemic control, foot pain, and suspected peripheral neuropathy.

#### **History of Present Illness:**

Mr. John Doe is a 45-year-old male with a 10-year history of Type 2 Diabetes Mellitus, presenting with complaints of persistent numbness and tingling in both feet for the past 3 months, worsened by prolonged standing or walking. He also reports frequent episodes of hypoglycemia in the past two weeks and difficulty maintaining stable blood sugar levels despite adherence to metformin and insulin therapy.

#### **Other Symptoms:**

- Increased fatigue, especially in the evenings.
- Occasional dizziness, particularly when standing up quickly.
- Blurred vision, primarily in the evenings.

#### **Clinical Findings:**

- HbA1c: 9.4%
- Random Blood Sugar: 220 mg/dL
- Foot Examination: Diminished sensation with monofilament test and presence of calluses on the left foot. No ulcers noted.

### **Impression:**

- 1. Poorly controlled Type 2 Diabetes Mellitus.
- 2. Diabetic Peripheral Neuropathy.

## Plan:

- Adjust insulin regimen to include basal-bolus therapy.
- Start Gabapentin 300 mg once daily for neuropathy.
- Refer to Podiatry for routine foot care.
- Advise blood glucose monitoring 4 times daily.
- Schedule follow-up in 1 month.

# Lorem Ipsum