

# Diabetes Risk Assessment Notification

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Address: [Insert Patient Address]

Dear [Insert Patient Name],

We are writing to inform you about your recent diabetes risk assessment results. Based on your current health indicators and family history, you are identified as being at risk for developing pre-diabetes.

Risk factors include:

- Body mass index (BMI) over 25
- Family history of diabetes
- Inactivity
- High blood pressure or cholesterol levels

We recommend that you schedule an appointment with our nutritionist to discuss lifestyle changes that may reduce your risk, such as diet modifications, increased physical activity, and regular monitoring of your blood sugar levels.

Please reach out to our office at [Insert Phone Number] to schedule your visit. Together, we can take proactive steps towards your health.

Best regards,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]