

Diabetes Risk Assessment

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

City, State, Zip: [Insert City, State, Zip]

Dear [Patient Name],

We are reaching out to you due to the symptoms you have been experiencing, which may indicate a risk for diabetes. It is important to address these symptoms promptly to ensure your health and wellbeing.

Common symptoms of diabetes include:

- Increased thirst
- Frequent urination
- Unexplained weight loss
- Extreme fatigue
- Blurred vision

We recommend that you schedule an appointment with our healthcare provider to undergo a comprehensive diabetes risk assessment. This assessment may include blood tests, a review of your medical history, and recommendations for lifestyle changes.

Please contact our office at [Insert Phone Number] or reply to this letter to arrange your appointment.

Thank you for your attention to this important matter. Together, we can take the necessary steps to manage your health effectively.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]