Alberta Health Services

Edmonton Zone FAST Program
Facilitated Access to Surgical Treatment

General Surgery Referral
Phone: 780-735-8114   Fax: 780-735-4825
Email: ezgensurgconsults@ahs.ca

■ *All referrals require this **form, a complete referral letter** and **relevant supporting documents***

■ *Please fax each referral individually*

☐ **Refer to the next available surgeon** *(shortest wait time)*

  OR Refer to specific hospital or surgeon _____ *(wait time may be longer)*

☐ **Symptomatic Gallstones or Gallbladder Polyps -** *Must include the following within three months of referrals*

  ☐ Abdominal Ultrasound   ☐ Liver Function Test (ALT, AST, ALK PHOS, TBILI)

☐ **Severe Gastro-Esophageal Reflux** *(Requiring surgery)*

Colorectal *(Rectal assessment Sheet and DRE Results Required)*

☐ High-Risk Symptoms	☐ Anal Fissure
☐ Rectal Prolapse	☐ Anal Fistula
☐ Symptomatic Diverticula Disease	☐ Fecal Incontinence
☐ Positive FIT *(only for patients NOT eligible or DECLINED by the SCOPE and/or the SHARP program)*	☐ Pilonidal Sinus
	☐ Hemorrhoids
Reason for ineligibility _____	☐ Rectal Bleeding

Hernia *(symptomatic, physical exam completed, no ultrasound required)*

☐ Inguinal	☐ Incisional
☐ Bilateral Inguinal	☐ Umbilical
☐ Recurrent Inguinal	☐ Other _____

Cancers *(include symptoms and relevant imaging)*

☐ Suspected Gallbladder Cancer	☐ Suspected Colorectal Cancer *(Include Rectal Assessment Sheet)*
☐ Suspected Sarcoma/GIST	
☐ Suspected Liver cancer	☐ Adrenal Mass
☐ Suspected Pancreatic/Bile Duct Cancer	☐ Neck Mass
☐ Suspected Stomach Cancer	☐ Thyroid Mass *(include ultrasound report and FNA results)*

Minor Operations

☐ Lipoma *(include size and location) (no joints)*	☐ Sural Nerve Biopsy
☐ Sebaceous Cyst *(include size and location) (no joints)*	☐ Muscle Biopsy
☐ Temporal Artery Biopsy	☐ Lymph Node Biopsy *(include FNA results)*

Other Condition

☐ _____

  _____

***If you have not received notification from our program within 7 days please call to confirm receipt