

## Facilitated Access to Specialized Treatment (FAST) Adult Urology Referral

To confirm fax numbers and other clinic information visit  
[www.albertareferraldirectory.ca](http://www.albertareferraldirectory.ca) and search for FAST Urology.

Last Name (Legal)		First Name (Legal)	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB(dd-Mon-yyyy)	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

If you have not received notification from our program within 5 business days, please call FAST at **1.833.553.3278**

Date (dd-Mon-yyyy)		Patient Phone		Patient Alternate Phone	
Patient Address					
Legal Guardian Name			Phone		Relationship
Referring Provider		Phone	Fax		Prac ID
Clinic/Address			Primary Care Provider		
<b>Requested Provider</b>					
<input type="checkbox"/> Next Available Provider		<b>OR</b>		<input type="checkbox"/> Specific Provider _____	
<input type="checkbox"/> Location Preference _____					
<input type="checkbox"/> Previously seen by a surgeon (specify) _____					
<input type="checkbox"/> This referral is for a 2 <sup>nd</sup> opinion					
<b>Referral Requirements</b>					
<input type="checkbox"/> Attach referral letter or complete information on page 2 and include results of mandatory investigations as per the Provincial Urology Referral Pathway: <a href="http://www.albertahealthservices.ca/assets/info/hp/arp/if-hp-arp-asi-urology-qr.pdf">www.albertahealthservices.ca/assets/info/hp/arp/if-hp-arp-asi-urology-qr.pdf</a>					
<input type="checkbox"/> Specialist Advice Received (if applicable) Name _____ Date _____					
<input type="checkbox"/> Clinical Pathway followed (if applicable, include response to treatments in attached letter)					
<b>Reason for Referral</b>					
<b>Bladder/Incontinence</b> <input type="checkbox"/> <a href="#">Bladder Mass</a> <input type="checkbox"/> <a href="#">Bladder Stone</a> <input type="checkbox"/> <a href="#">Bladder Fistula (documented)</a> <input type="checkbox"/> <a href="#">Hematuria Gross</a> <input type="checkbox"/> <a href="#">Hematuria Microscopic (3 or Greater RBC/HPF)</a> <input type="checkbox"/> <a href="#">Urinary Incontinence</a> <input type="checkbox"/> <a href="#">Neurogenic Bladder</a> <input type="checkbox"/> <a href="#">Overactive Bladder (OAB)</a> <input type="checkbox"/> <a href="#">Urinary Retention Acute (with indwelling catheter)</a> <input type="checkbox"/> <a href="#">Recurrent Urinary Tract Infections (UTI)</a>			<b>Genitourinary Disorders</b> <input type="checkbox"/> <a href="#">Abnormal DRE (new diagnosis)</a> <input type="checkbox"/> <a href="#">Elevated PSA (no previous prostate cancer)</a> <input type="checkbox"/> <a href="#">Elevated PSA (previous prostate cancer)</a> <input type="checkbox"/> <a href="#">Epididymal Cyst (spermatocele) - must be Symptomatic greater than 1cm</a> <input type="checkbox"/> <a href="#">Erectile Dysfunction</a> <input type="checkbox"/> <a href="#">Female Voiding Dysfunction</a> <input type="checkbox"/> <a href="#">Fistula-female urinary genital tract</a> <input type="checkbox"/> <a href="#">Foreskin Problems (phimosis, balanitis)</a> <input type="checkbox"/> <a href="#">Hydrocele</a> <input type="checkbox"/> <a href="#">Hypospadias</a> <input type="checkbox"/> <a href="#">Lower Urinary Tract Symptoms (LUTS)</a> <input type="checkbox"/> <a href="#">Male Infertility</a> <input type="checkbox"/> <a href="#">Penile Mass (cancer concern)</a> <input type="checkbox"/> <a href="#">Peyronie's Disease</a> <input type="checkbox"/> <a href="#">Testicular Mass</a> <input type="checkbox"/> <a href="#">Undescended Testicle (negative BHCG &amp; AFP)</a> <input type="checkbox"/> <a href="#">Urethral Disorder (female)</a> <input type="checkbox"/> <a href="#">Vaginal Prolapse</a> <input type="checkbox"/> <a href="#">Vasectomy</a> <input type="checkbox"/> <a href="#">Vasectomy Reversal</a>		
<b>Kidney/Ureter/Adrenal</b> <input type="checkbox"/> <a href="#">Adrenal Mass</a> <input type="checkbox"/> <a href="#">Hydronephrosis</a> <input type="checkbox"/> <a href="#">Kidney Stone (acute/ureteric)</a> <input type="checkbox"/> <a href="#">Kidney Stone - non-obstructive</a> <input type="checkbox"/> <a href="#">Renal Cyst</a> <input type="checkbox"/> <a href="#">Renal Mass greater than 4 cm</a> <input type="checkbox"/> <a href="#">Renal Mass less than 4 cm</a>					
<b>Reason not specified above (provide details)</b>					

