Alberta Health Services

Facilitated Access to Specialized Treatment (FAST) Adult General Surgery Referral

Last Name *(Legal)*	First Name *(Legal)*
Preferred Name ☐ Last ☐ First	DOB *(dd-Mon-yyyy)*
PHN	ULI ☐ Same as PHN / MRN
Administrative Gender ☐ Male ☐ Female ☐Non-binary/Prefer not to disclose (X) ☐ Unknown	

To confirm fax numbers and other clinic information visit:
https://www.albertahealthservices.ca/assets/info/aph/if-aph-provincial-general-surgery-referral-pathway.pdf
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 Primary Phone	Patient Secondary Phone	
Patient Address			
Legal Guardian Name *(if applicable)*	Phone	Relationship	
Referring Provider	Phone	Fax	PRAC ID
Clinic Address	Primary Care Provider and Contact Info *(if available)*		

Indicate if you provide specialty care in the following areas *(check all that apply)*
☐ General Surgery ☐ Gastroenterology

Requested Provider

☐ Next Available Provider **OR** ☐ Specific Provider _____

Location Preference _____

☐ Previously seen by the following surgeon for the same problem *(specify name)* _____

Referral Requirements

Attach referral letter **OR** complete information on bottom of **page 2**.
Include mandatory information as per the Provincial General Surgery Referral Pathway:
https://www.albertahealthservices.ca/assets/info/aph/if-aph-provincial-general-surgery-referral-pathway.pdf

Reason for Referral *(choose one)*

Gastrointestinal *(South, Central, and North Zones only. Other zones refer to GI)*
- ☐ Disorder of GI Tract
- ☐ Chronic Abdominal Pain

Colorectal Cancer Screening/Surveillance
(Central and North zones only. Other zones refer to GI/zone colorectal cancer screening program.)
- ☐ FIT Positive Finding
- ☐ Family History of Colorectal Cancer
- ☐ Personal History of Colorectal Cancer

Minor Procedures
- ☐ Symptomatic Lipoma Excision
- ☐ Sebaceous Cyst Excision
- ☐ Temporal Artery biopsy
- ☐ Sural Nerve Biopsy
- ☐ Muscle Biopsy
- ☐ Lymph Node Biopsy

Colorectal
- ☐ Rectal Bleeding
- ☐ Diverticulitis
- ☐ Fecal Incontinence
- ☐ Disorder of the Anal Region *(fissures, fistulas, hemorrhoids)*
- ☐ Pilonidal Disease
- ☐ Rectal Prolapse
- ☐ Abnormal Imaging of GI Tract *(South, Central, Edmonton and North Zones only. Calgary zone refer to GI CAT.)*

Mass and Cancers
- ☐ Anal LSIL/HSIL
- ☐ Esophageal Mass *(South, Central, Edmonton and North Zones only. Calgary zone refer to GI CAT.)*
- ☐ Rectal/Anal Cancer
- ☐ Suspected/Known Colon Cancer
- ☐ Suspected/Known Stomach Cancer
- ☐ Suspected/Known Soft Tissue Cancer
- ☐ Neck Mass

Hernia
- ☐ Inguinal Hernia
- ☐ Incisional Hernia
- ☐ Umbilical Hernia
- ☐ Other Abdominal Hernia

Alberta Health Services

Facilitated Access to Specialized Treatment (FAST) General Surgery Referral

Last Name *(Legal)*	First Name *(Legal)*
Preferred Name ☐ Last ☐ First	DOB *(dd-Mon-yyyy)*
PHN	ULI ☐ Same as PHN / MRN
Administrative Gender ☐ Male ☐ Female ☐ Non-binary/Prefer not to disclose (X) ☐ Unknown	

To confirm fax numbers and other clinic information visit:
https://www.albertahealthservices.ca/assets/info/aph/if-aph-provincial-general-surgery-referral-pathway.pdf
If you have not received notification from our program within 5 business days, please call FAST at **1.833.553.3278**

Reason for Referral continued ***(choose one)***

Hepatobiliary

- ☐ Symptomatic Gallstones
- ☐ Gallbladder Polyps
- ☐ Gallbladder Mass
- ☐ Pancreatic Mass

Endocrine

- ☐ Adrenal Mass
- ☐ Suspected Neuroendocrine Tumor
- ☐ Suspected Parathyroid Disease
- ☐ Thyroid Mass

Venous Disorders

- ☐ Uncomplicated *(varicose vein)*
- ☐ Complicated *(ulceration, phlebitis, or bleeding)*

Breast Health

- ☐ Benign Breast Disease *(Medicine Hat, Grande Prairie and Calgary Zone only)*
- ☐ Suspected/Known Breast Cancer *(Medicine Hat only)*

For Suspected/Known Breast Cancer in all other areas: refer to zone breast health/care program.

Other *(specify)*

Height (cm)	Weight (kg)	BMI

(check one)
☐ Referral letter attached **OR** ☐ All relevant information is provided below