

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

To confirm fax numbers and other clinic information visit [www.albertareferraldirectory.ca](http://www.albertareferraldirectory.ca) and search for Facilitated Access to Specialized Treatment.

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

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
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	

Date <i>(dd-Mon-yyyy)</i>		Patient Primary Phone		Patient Secondary Phone	
Patient Address					
Legal Guardian Name		Phone		Relationship	
Referring Provider		Phone		Fax	PRAC ID
Clinic Address			Primary Care Provider and Contact Info <i>(if available)</i>		
Indicate if you provide specialty care in the following areas <i>(check all that apply)</i>					
<input type="checkbox"/> General Surgery		<input type="checkbox"/> Gastroenterology			
<b>Requested Provider</b>					
<input type="checkbox"/> Next Available Provider		<b>OR</b>		<input type="checkbox"/> Specific Provider _____	
Location Preference _____					
<input type="checkbox"/> Previously seen by the following surgeon for the same problem <i>(specify name)</i> _____					
<b>Referral Requirements</b>					
Attach referral letter <b>OR</b> complete information on bottom of <b>page 2</b> .					
Include mandatory information as per the Provincial General Surgery Referral Pathway: <a href="https://www.albertahealthservices.ca/assets/info/aph/if-aph-provincial-general-surgery-referral-pathway.pdf">https://www.albertahealthservices.ca/assets/info/aph/if-aph-provincial-general-surgery-referral-pathway.pdf</a>					
<b>Reason for Referral</b>					
<b>Gastrointestinal</b> <i>(choose one)</i>			<b>Colorectal Cancer Screening/Surveillance</b> <i>(choose one)</i>		
<input type="checkbox"/> <a href="#">Disorder of GI Tract</a>			<input type="checkbox"/> <a href="#">FIT Positive Finding</a>		
<input type="checkbox"/> <a href="#">Chronic Abdominal Pain</a>			<input type="checkbox"/> <a href="#">Family History of Colorectal Cancer</a>		
			<input type="checkbox"/> <a href="#">Personal History of Colorectal Cancer</a>		
<b>Minor Procedures</b> <i>(choose one)</i>			<b>Colorectal</b> <i>(choose one)</i>		
<input type="checkbox"/> <a href="#">Symptomatic Lipoma Excision</a>			<input type="checkbox"/> <a href="#">Rectal Bleeding</a>		
<input type="checkbox"/> <a href="#">Sebaceous Cyst Excision</a>			<input type="checkbox"/> <a href="#">Diverticulitis</a>		
<input type="checkbox"/> <a href="#">Temporal Artery biopsy</a>			<input type="checkbox"/> <a href="#">Fecal Incontinence</a>		
<input type="checkbox"/> <a href="#">Sural Nerve Biopsy</a>			<input type="checkbox"/> <a href="#">Disorder of the Anal Region</a>		
<input type="checkbox"/> <a href="#">Muscle Biopsy</a>			<input type="checkbox"/> <a href="#">Pilonidal Disease</a>		
<input type="checkbox"/> <a href="#">Lymph Node Biopsy</a>			<input type="checkbox"/> <a href="#">Rectal Prolapse</a>		
			<input type="checkbox"/> <a href="#">Abnormal Imaging of GI Tract</a>		
<b>Mass Cancers</b> <i>(choose one)</i>			<b>Hernia</b> <i>(choose one)</i>		
<input type="checkbox"/> <a href="#">Anal LSIL/HSIL</a>			<input type="checkbox"/> <a href="#">Inguinal Hernia</a>		
<input type="checkbox"/> <a href="#">Esophageal Mass</a>			<input type="checkbox"/> <a href="#">Incisional Hernia</a>		
<input type="checkbox"/> <a href="#">Rectal/Anal Cancer</a>			<input type="checkbox"/> <a href="#">Umbilical Hernia</a>		
<input type="checkbox"/> <a href="#">Suspected/Known Colon Cancer</a>			<input type="checkbox"/> <a href="#">Other Abdominal Hernia</a>		
<input type="checkbox"/> <a href="#">Suspected/Known Stomach Cancer</a>					
<input type="checkbox"/> <a href="#">Suspected/Known Soft Tissue Cancer</a>					
<input type="checkbox"/> <a href="#">Neck Mass</a>					

