

Facilitated Access to Specialized Treatment (FAST) Vascular Surgery Referral

To confirm fax numbers and other clinic information visit
www.albertareferraldirectory.ca and search for FAST Vascular Surgery.

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	

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

Date <i>(dd-Mon-yyyy)</i>	Patient Phone	Patient Alternate Phone	
Patient Address			
Legal Guardian Name		Phone	Relationship
Referring Provider	Phone	Fax	PRAC ID
Clinic Name/Address		Primary Care Provider and Contact Info <i>(if available)</i>	

I have discussed this patient with the named vascular surgeon *(below)*.

Provider Information

Refer to the **next available** provider OR **Specific** provider _____

Location Preference Edmonton Calgary

Previously seen by the following Vascular Surgeon for the same problem _____

Referral Requirements

Attach referral letter **OR** complete information on **page 2**.

Please include mandatory information as per the Provincial Vascular Surgery Referral Pathway:
<https://www.albertahealthservices.ca/assets/info/aph/if-aph-provincial-vascular-referral-pathway.pdf>

Reason for Referral

Aneurysm

- [Abdominal Aortic Aneurysm \(AAA\)- Asymptomatic \(Females: 5.0-5.9 cm, Males: 5.5-6.4cm\)](#)
- [Abdominal Aortic Aneurysm \(AAA\)- Asymptomatic \(Females 4.0-4.9 cm, Males: 4.0-5.4 cm\)](#)
- [Peripheral Aneurysm- Asymptomatic](#)
- [Thoracic Aortic Aneurysm \(TAA\)- Asymptomatic less than 6.4cm](#)
- [Visceral/Renal Aneurysm- Asymptomatic](#)

Peripheral Artery Disease

- [Chronic Limb Threatening Ischemia \(rest pain, ulcer\)](#)
 - [Peripheral Artery Disease or Intermittent Claudication](#)
- Specify: Arm Leg

Carotid

- [Asymptomatic Carotid Stenosis greater than 50%](#)

Other

- Venous Disease
 - [Uncomplicated \(varicose vein\)](#)
 - [Complicated \(ulceration, phlebitis, or bleeding\)](#)
- [Mesenteric Occlusive Disease](#)
- [Renal Vascular Occlusive Disease](#)
- [Vascular Thoracic Outlet Syndrome](#)

Reason not specified above *(provide details)*

