Alberta Health Services

Affix patient label within this box

***Must Include a valid mailing address and email address if available ***

## 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
☐ Rectal Prolapse
☑ Symptomatic Diverticula Disease
☐ Positive FIT ***(only for patients NOT eligible or DECLINED by the SCOPE and/or the SHARP program)***
Reason for ineligibility _____

☐ Anal Fissure
☐ Anal Fistula
☐ Fecal Incontinence
☐ Pilonidal Sinus
☐ Hemorrhoids
☐ Rectal Bleeding

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

☐ Inguinal
☐ Bilateral Inguinal
☐ Recurrent Inguinal

☐ Incisional
☐ Umbilical
☐ Other _____

**Cancers** ***(include symptoms and relevant imaging)***

☐ Suspected Gallbladder Cancer
☐ Suspected Sarcoma/GIST
☐ Suspected Liver cancer
☐ Suspected Pancreatic/Bile Duct Cancer
☑ Suspected Stomach Cancer

☐ Suspected Colorectal Cancer *(Include Rectal Assessment Sheet)*
☐ Adrenal Mass
☐ Neck Mass
☐ Thyroid Mass *(include ultrasound report and FNA results)*

**Minor Operations**

☐ Lipoma *(include size and location) (no joints)*
☐ Sebaceous Cyst *(include size and location) (no joints)*
☐ Temporal Artery Biopsy

☐ Sural Nerve Biopsy
☐ Muscle 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**