Alberta Health Services

Patient Label

FAST Program
Low Risk Rectal Bleeding Form

To ensure your referral is triaged correctly, please complete the following checklist for all patients referred with low risk rectal bleeding.

PART A – MANDATORY FOR ANY REFERRAL WITH RECTAL BLEEDING

When was the first time the bleeding was seen?
☐ Weeks ago ☐ Months ago ☐ Years ago

What color is the blood?
☐ Bright red ☐ Dark red ☐ Black

Frequency *(how often is the blood seen?)*
☐ Less than once a month
☐ About once or twice a month
☐ About once a week
☐ Most days of the week

Where is the blood seen? *(Check all that apply)*
☐ On the toilet paper
☐ On the outside of the stool
☐ Down the toilet
☐ Mixed inside the stool

PART B – MANDATORY FOR ALL COLORECTAL REFERRALS

Does the patient have new onset ☐ diarrhea? or ☐ constipation?

Does the patient have anemia? ☐ No ☐ Yes, HGB_____ Date (Y-M-D) _____

Does the patient have weight loss greater than 10 pounds in the last 3 months? ☐ No ☐ Yes

Is there a history of colorectal cancer in a first degree relative under the age of 70? ☐No ☐ Yes
If yes, age of the affected relative: _____

Findings on digital rectal examination ☐ Normal ☐ Abnormal
If **Abnormal,** please describe:

Date of last colonoscopy (Y-M-D)_____ ☐ Never had a colonoscopy

Additional Information: