Alberta Health Services

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	

Facilitated Access to Specialized Treatment (FAST)
Elective Elbow Surgical Referral

Phone: 780-735-8114 Email: ezupperlimbreferrals@ahs.ca

All referrals require this form, and a **complete referral letter**.
Attach any **imaging/electrodiagnostic study results completed** *(but not required)*.

Fax each referral individually to **780-643-1235**

If you have not received notification from our program within 7 days, please call to confirm receipt.

Referring Physician

Name

Phone | PRAC ID

Referral Information

Type of Request *(choose one)*

☐ Refer to the next available surgeon *(shortest wait time)*

☐ Refer to a specific site or surgeon *(wait time may be longer)*
Specify site/surgeon _____

WCB Patient?
☐ Yes ☐ No

☐ **Fracture/Dislocation** *(non-acute)*
Location _____ Date of Injury *(dd-Mon-yyyy)* _____

Injuries less than 4 weeks old, *call the Orthopedic Consult Line at* **1-800-282-8112** *or* **780-735-0811**

☐ **Malunion/Nonunion** Location _____

☐ **Arthritis/Stiffness/Loose Bodies** Location _____

☐ **Elbow Conditions** Location _____

☐ Elbow tendinosis *(e.g. lateral/medial epicondylosis)*
☐ Elbow osteochondral defect
☐ Elbow instability

☐ **Tendon Injuries** *(e.g. biceps/triceps tendon rupture)*
Location _____ Date of Injury *(dd-Mon-yyyy)* _____

☐ **Compression Neuropathies** Location _____

☐ Ulnar neuropathy
☐ associated elbow stiffness/arthritis
☐ Radial neuropathy
☐ Median neuropathy

☐ **Masses/Tumors** *(include symptoms and relevant imaging)*
Location _____ Duration _____

☐ **Failed Surgery** *(attach operative reports and other pertinent investigations)*

☐ **Other Condition** _____

Non-Surgical Treatments Attempted *(check all that apply, and indicate level of relief from treatment)*

☐ Physiotherapy	☐ Good	☐ Moderate	☐ No Relief
☐ Injections	☐ Good	☐ Moderate	☐ No Relief
☐ NSAID/COXIB	☐ Good	☐ Moderate	☐ No Relief
☐ Splinting	☐ Good	☐ Moderate	☐ No Relief
☐ Other _____	☐ Good	☐ Moderate	☐ No Relief