

Additional file 2: One-page form. The GP was requested to complete a form each time the GP referred a patient to a cancer fast-track pathway

Please complete this form each time you refer a patient to a cancer fast-track pathway

Insert the date of referral of your patient to a cancer fast-track pathway:

day            month        year

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Enter your patient's personal identification number:

day            month        year            xxxx

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Enter the type of cancer fast-track pathway the patient is referred to:

\_\_\_\_\_ 

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Enter your degree of certainty in your choice of which cancer fast-track pathway you referred the patient to:

- Totally certain  
 Fairly certain  
 Little uncertain  
 Totally uncertain

Please elaborate \_\_\_\_\_ 

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On which symptoms did you refer the patients?

Symptom 1: \_\_\_\_\_ 

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Symptom 2: \_\_\_\_\_ 

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Symptom 3: \_\_\_\_\_ 

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Insert the date of the day the patient first presented symptoms in general practice which according to your present knowledge raised your suspicion that the patient could have cancer:

day            month        year

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What is the risk for this patient having cancer?

(0 % = no risk, 100 % = absolutely certain)

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 I don't know