

Additional file 3: One-page reminder form, used if we obtained information from register data about a patient investigated in a cancer fast-track pathway and we have not received a 1-page form from



Form on a patient investigated in a cancer fast-track pathway

From register data, we have been informed that a patient with the following personal identification number listed at your general practice has been investigated in a cancer fast-track pathway. We kindly request the referring general practitioner to complete this form.

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1	1	1	1
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Enter your full name or your project ID-number (this number appears on your pad):

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Referral options:

- I have referred the patient to a cancer fast-track pathway
- I have referred the patient in the usual way to a hospital on cancer suspicion, but not directly to a cancer fast-track pathway
- I have referred the patient in the usual way to a hospital and did not suspect cancer
- The patient was admitted to hospital by emergency
- Suspicion of cancer was based on screening
- I have not been involved

Other _____

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Enter the degree of certainty in your choice of cancer fast-track pathway:

- Totally certain
- Fairly certain
- Little uncertain
- Totally uncertain

Please elaborate _____

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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 that this patient has cancer?

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

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I don't know

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

day month year

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On which symptoms did you refer the patient?

Symptom 1: _____

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Symptom 2: _____

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Symptom 3: _____

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