

Patient ID:

Age/Sex:

OR Day:

OR Room:

### Colorectal Team Overseas – ARM

#### History of Present Illness

Name: \_\_\_\_\_

Clinic Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Country: \_\_\_\_\_

The original malformation was:

The key associated malformations include:

- Urologic:
- Spinal:
- Cardiac:
- Gastrointestinal:
- Extremity:
- Gynecologic:

#### Past Medical History

#### Past Surgical History

#### ARM Index

1. ARM type:
2. Spine:
3. Sacrum:

Total score:

#### Imaging

#### Assessment/Plan

Schedule OR: Yes / No

Duration:

Position: Prone / Supine / Total body prep

Bowel prep: Yes / No

Anesthesia concerns:

Planned Procedure:

Patient ID:  
Age/Sex:

OR Day:  
OR Room:

### Colorectal Team Overseas – ARM

#### Operation

Surgery was performed by CTO: Yes / No

Postop Diagnosis:

Date of operation: \_\_\_\_\_

Operation performed:

Surgeons involved:

Specimens:

Complications:

Findings:

#### Postop Assessment/Plan

POD# \_\_\_\_\_

Date: