

Patient ID:
Age/Sex:

OR Day:
OR Room:

Colorectal Team Overseas – HD

History of Present Illness

Name: _____
Date of Birth: _____
Diagnosis: Hirschsprung Disease

Clinic Date: _____
City: _____
Country: _____

Age at diagnosis:

Original transition zone location:

Symptoms now include:

Past Medical History

Past Surgical History

Imaging

Assessment/Plan

Schedule OR: Yes / No
Bowel prep: Yes / No
Planned Procedure:

Duration:

Position: Prone / Supine / Total body prep
Anesthesia concerns:

Patient ID:
Age/Sex:

OR Day:
OR Room:

Colorectal Team Overseas – HD

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: