### Diagnosis and Treatment

1. **Clinical suspected CCA**
   - [ ] No
   - [X] Yes (กรณีมีอาการแสดง)

2. **US/CT/MRI or MRCP for CCA**
   - [ ] Negative
   - [ ] Positive
   - **Date:** 2/5

3. **Tumor site**
   - [ ] 1. Intrahepatic CCA
   - [ ] 2. Perihilar CCA
   - [ ] 3. Distal CCA
   - [ ] 4. Not CCA, please specify (ICD-10: ..............)

4. **Date of Visit/Admission**
   - [ ] OPD only (skip to no.5,5 or 6)
   - [X] IPD

5. **Treatment**
   **5.1 Surgery**
   - [ ] 1. Liver resection
     - [ ] 1.1 Rt.
     - [ ] 1.2 Lt.
     - [ ] 1.3 S1
     - [ ] 1.4 Extended Rt.
     - [ ] 1.5 Extended Lt.
     - [ ] 1.6 Rt. Trisection
     - [ ] 1.7 Lt. Trisection
     - [ ] 1.8 Non-anatomical
     - [ ] 1.9 Others
   - [ ] 2. Hilar resection
   - [ ] 3. Bypass
   - [ ] 4. Exploratory laparotomy +/- biopsy
   - [ ] 5. Needle biopsy
   - [ ] 6. Whipple’s operation or PPPD or PD

   **5.2 Chemotherapy**
   - [ ] 1. Adjuvant
   - [ ] 2. Palliative

   **5.3 PTBD**
   - [ ] 1. Pre-op therapy
   - [ ] 2. Palliative

   **5.4 Endoscopic Stent**
   - [ ] 1. Pre-op therapy
   - [ ] 2. Palliative

   **5.5 Medication Treatment**
   - [ ] 1. IV
   - [ ] 2. Antibiotic
   - [ ] 3. Others

6. **Best supportive Treatment**
   - [ ] 1. Yes
   - [ ] 2. No
   - **Date:** 2/5

7. **Results**
   - [ ] 0. Dead
   - [ ] 1. Discharged
   - [ ] 2. Referred to
   - **Date:** 2/5

8. **Complication (Tick all that apply)**
   - [ ] 1. None
   - [ ] 2. Cholangitis
   - [ ] 3. Liver failure
   - [ ] 4. Pancreatitis
   - [ ] 5. Renal failure
   - [ ] 6. Pleural effusion
   - [ ] 7. Intra-abdominal bleeding
   - [ ] 8. Wound infection
   - [ ] 9. Ascites
   - [ ] 10. Prolonged bile leakage
   - [ ] 11. Others, please specify

9. **Alternative treatment**
   - [ ] 1.
   - **Date:** 2/5
   - [ ] 2.
   - **Date:** 2/5

### Doctor

**Date completed:** 2/5

### Form completed by

**Date completed:** 2/5