

Malignant Hyperthermia Questionnaire

Name: _____ DOB: _____

PERSONAL HISTORY:

- Y or N Have you ever had general anesthesia?
- Y or N Severe muscle spasms?
- Y or N Unanticipated fever immediately following anesthesia or serious exercise?
- Y or N Malignant hyperthermia?
- Y or N Muscle or Neuromuscular Disorder?
- Y or N High temperature following exercise?
- Y or N Any other expected problems with anesthesia? Describe: _____
- Y or N Have you ever had abnormal chocolate-colored urine?

FAMILY HISTORY:

- Y or N Unexpected death following general anesthesia or exercise?
- Y or N Malignant Hyperthermia?
- Y or N Muscle or Neuromuscular Disorder?
- Y or N High temperature following exercise?
- Y or N Any other unexpected problems with anesthesia? Describe: _____

Testing for Malignant Hyperthermia:

CHCT (Caffeine-Halothane Contracture Testing) is available for malignant hyperthermia

Genetic testing is also available. For further information visit:

<http://www.wakehealth.edu/anesthesiology/patientcare/malignanthyperthermia>

Referral can be made as needed or per patient request. Please let us know.

Please complete this form and return it to our office before surgery or bring it with you the day of surgery.

I certify that I have read and understand the above:

Patient/Guardian Signature: _____ **Date:** _____