

## 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:** \_\_\_\_\_