



*Precious Gifts Surrogacy & Egg Donor Program*

## **SURROGATE PROFILE**

Note: The following pages are shared with potential Intended Parents during the selection process.

**THIS IS NOT A TEST!** Please complete the entire surrogate profile. Answer the questions honestly and to the best of your ability. It is suggested that you put down your first thoughts, rather than pondering your answer. This information will assist us in matching you correctly to the best possible Intended Parents(s).

This page will be for Office use only, the intended parent will not see the first page of your profile. It is for contact information only.

Please email photos of yourself and your family.

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Home phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Work#: \_\_\_\_\_

Address: \_\_\_\_\_

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

State: \_\_\_\_\_

Spouse or Partner name: \_\_\_\_\_

Spouse or Partner's contact information: \_\_\_\_\_

Emergency contact information: \_\_\_\_\_

First name: \_\_\_\_\_



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

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color : \_\_\_\_\_ Ethnic Background: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

If married, date of marriage: \_\_\_\_\_ If divorced, date divorced: \_\_\_\_\_

First marriage? \_\_\_\_\_ If no, please explain: \_\_\_\_\_

What city do you live in? \_\_\_\_\_

Do you work? If so, what is your occupation? \_\_\_\_\_

Does your partner work? If so, what occupation? \_\_\_\_\_

What form of birth control do you currently use? \_\_\_\_\_

Number of children: \_\_\_\_\_ List sex and age of each: \_\_\_\_\_

Is your partner supportive of your decision to be a surrogate? \_\_\_\_\_

What do you like to do in your spare time (i.e. hobbies)? \_\_\_\_\_

Do you enjoy reading or do you prefer more active things? \_\_\_\_\_

What sports do you enjoy? \_\_\_\_\_

What goals do you have in your life? \_\_\_\_\_



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Have you achieved any of them? \_\_\_\_\_  
\_\_\_\_\_

What is your is your philosophy of life? \_\_\_\_\_  
\_\_\_\_\_

Do you speak any languages other than English? \_\_\_\_\_ Please list:  
\_\_\_\_\_

Explain why you want to be a surrogate:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will the money you make from being a surrogate help you? \_\_\_\_\_  
\_\_\_\_\_

Did you have any problems conceiving your children? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you smoke now? \_\_\_\_\_ Did you smoke during your pregnancies? \_\_\_\_\_

Do you drink alcoholic beverages? \_\_\_\_\_ How much? \_\_\_\_\_ How often?

Do you take any drugs (prescription or other)? \_\_\_\_\_ Name: \_\_\_\_\_

Do you have any food or other allergies? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Do you intake caffeine? If so, How much? How often? \_\_\_\_\_



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Were you ever in the hospital (not including childbirth)? \_\_\_\_\_ If yes, please list all diagnosis, treatment, and surgeries: \_\_\_\_\_

Are you, or have you ever been, the victim of physical, sexual or psychological abuse? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you or anyone in your home ever been treated for a mental illness? \_\_\_\_\_ Please explain any hospitalization and/or medications (please be specific): \_\_\_\_\_

While growing up, were you or anyone in your home a substance abuser? \_\_\_\_\_

If so, please explain who and what type of substance: \_\_\_\_\_

Have you or your partner ever been arrested or convicted of a felony or misdemeanor? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Please name your siblings and give age and health status: \_\_\_\_\_

What is your mother's age? \_\_\_\_\_ Your father's age? \_\_\_\_\_

Please describe their past and present health conditions (please be specific): \_\_\_\_\_

What does/did your father do for a living? \_\_\_\_\_



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What is his educational background? \_\_\_\_\_

What does/did your mother do for a living? \_\_\_\_\_

What is her educational background? \_\_\_\_\_

How is your relationship with your parents? Please be specific: \_\_\_\_\_

\_\_\_\_\_

How would you describe yourself as a child? \_\_\_\_\_

\_\_\_\_\_

Describe your childhood, including your happiest and saddest memories of childhood: \_\_\_\_\_

\_\_\_\_\_

What are your memories (good and bad) of school? \_\_\_\_\_

\_\_\_\_\_

In high school, which subjects did you excel in? \_\_\_\_\_

\_\_\_\_\_

How were your grades overall? \_\_\_\_\_

In which extracurricular activities did you participate?

\_\_\_\_\_

Which subjects did you not care for? \_\_\_\_\_

What did you want to be in life when you were in high school? \_\_\_\_\_

\_\_\_\_\_



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Did you go to college? \_\_\_\_\_ If yes, where did you go, what was your major and what degree(s) did you receive? \_\_\_\_\_

How important was religion in your home as a child? \_\_\_\_\_

What is your religion and what kind of religious training did you receive? \_\_\_\_\_

Do you attend church regularly? \_\_\_\_\_ Which church? \_\_\_\_\_

Have you been a Surrogate previously? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you ever placed a baby for adoption? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you ever had an abortion? \_\_\_\_\_ If yes, When? \_\_\_\_\_ Any complications? \_\_\_\_\_

What qualities in your couple are most important to you? \_\_\_\_\_

What kind of relationship do you want to have with your couple during the pregnancy? \_\_\_\_\_

What kind of relationship do you want after the birth of the child? \_\_\_\_\_

Would you like the couple to attend doctor appointments with you? \_\_\_\_\_



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Would you like them to be in the delivery room when the baby is born? \_\_\_\_\_  
\_\_\_\_\_

If the parents want to have an amniocentesis done, would you be willing to? \_\_\_\_\_  
\_\_\_\_\_

If it was determined that the child had severe physical or mental abnormalities and the parents chose to abort, would you be willing to abort? Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you be willing to carry twins? \_\_\_\_\_

Would you be willing to carry triplets? \_\_\_\_\_

If you became pregnant with three or four embryos and the parent(s) choose to reduce to two, would you be willing to do selective reduction? \_\_\_\_\_

What do you plan to tell your children about this pregnancy and child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the child wishes to meet you someday, how would you feel? \_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like to tell the Intended Parent(s), or think they should to know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SURROGATE HEALTH HISTORY**

**First Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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Weight History: Current weight: \_\_\_\_\_ Weight one year ago: \_\_\_\_\_ Heaviest: \_\_\_\_\_ Date: \_\_\_\_\_

**Family History:**

	Living		Deceased	
	Current Age	Health Issues	Age of death	Cause of death
<b>Father</b>				
<b>Mother</b>				
<b>Siblings: 1</b>				
2				
3				
4				
5				
<b>Husband</b>				
<b>Children: 1</b>				
2				
3				
4				
5				

Have any of your relatives ever had any of the following conditions?	Yes	No	Who/When
Cancer			
Tuberculosis			
Diabetes - early onset			
Diabetes - late onset			
Heart conditions			
High Blood Pressure			





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Stroke			
Epilepsy			
Mental Illness			
Suicide			
Hysterectomy			
Cesarean Section			
Kidney Trouble			

**Your Menstrual History:**

Age of onset: \_\_\_\_ Flow Type: Light \_\_\_\_ Medium \_\_\_\_ Heavy \_\_\_\_ Usual Duration = \_\_\_\_ days  
 Regular? Yes \_\_\_\_ No \_\_\_\_ # of days between periods \_\_\_\_ First day of your last period? \_\_\_\_  
 Pains or Cramps? Yes \_\_\_\_ No \_\_\_\_

**SURROGATE HEALTH HISTORY**

<b>List Past Pregnancies (including miscarriages &amp; abortions)</b>							
Year	Birth weight	Sex	Carried full term?	Born on due date?	Anesthesia used?	Hours of labor	Any Complications? Vaginal or C-section?



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<b>Have you ever had?</b>	<b>Yes</b>	<b>No</b>	<b>Have you ever had?</b>	<b>Yes</b>	<b>No</b>
German Measles			Allergies		
Mumps			Frequent or Severe Headaches		
Chicken Pox			Chronic or Frequent Cough		
Scarlet Fever			Chest Pain		
Diphtheria			Spitting up Blood		
Rheumatic Fever			Night Sweats		
Heart Disease			Shortness of Breath		
Heart Murmur			Swelling of hands feet or ankles		
Polio or Meningitis			High blood pressure		
Kidney Infections			Low blood pressure		
Gonorrhea			Blood transfusion		
Syphilis			Varicose Veins		
HIV			Kidney Disease		
Anemia			Bladder Disease		
Gallbladder Disease			Indigestion/Heartburn		
Epilepsy			Stomach trouble		
Migraine Headaches			Ulcer		



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Tuberculosis			Rectal bleeding		
Jaundice			Constipation		
Cancer			Diarrhea		
Pre-Eclampsia			Loss of Urine w/coughing or sneezing		
Gestational Diabetes			Early onset diabetes		

**How often do you drink alcoholic beverages?** Never \_\_\_\_ Occasionally \_\_\_\_ Daily \_\_\_\_

**Do you smoke cigarettes?** Never \_\_\_\_ Occasionally \_\_\_\_ Daily \_\_\_\_ Packs per day \_\_\_\_

## **SURROGATE HEALTH HISTORY**

Have you had any other health issues? Please explain:

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