



SURROGACY, EMBRYO AND EGG DONOR SERVICES

P.O.Box 670, Spring Hill Village, Route 590, Hamlin, PA 18427

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Gestational Surrogate Application

Personal Information:

Name: _____
Last First Middle Maiden

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Work Phone:** _____

Fax Number: _____ **E-mail Address:** _____

Best Number to call: _____ **Best Time to call:** _____

Is it OK to leave messages? Home _____ **Work** _____

Age: _____ **Birth Date:** _____ **Place of Birth:** _____

Marital Status: _____ **Any divorces or separations:** _____

Do you have Medical Insurance? _____ **Company or Type:** _____

Social Security Number _____ - _____ - _____ **Citizenship:** _____

DONOR: Race: _____ **Ethnic Background:** _____

Ethnicity: Father: _____ **Mother:** _____

Religious Background: _____ **Practicing:** Yes No

Height: _____ **Weight:** _____ **Natural Hair Color:** _____ **Eye color:** _____

Complexion: Very Fair Fair Tan Lt. Olive Olive Dk. Olive Brown Black

Briefly describe the kind of person you are: _____

Are you adopted? Yes No **If yes, do you know your medical history?** Yes No

Do you Smoke? Yes No **Have you ever smoked?** Yes No

Did you smoke while pregnant? Yes No **When did you quit?** _____

Do you Drink Alcohol? _____ **How often?** _____

Have you used illegal drugs? _____ **Will you to take a drug test?** Yes No

Tattoos or Piercings (month & year): _____

Describe any special talents, skills or abilities that you have (artistic, athletic, intellectual, other): _____

What helped you to decide to become a Gestational Surrogate?

What do you like most about yourself: _____

How would you describe yourself? Please include a description of your personality and temperament.

Describe your philosophy of life:

What do you think is the biggest stress in your life at present?

What is a typical week like for you? _____

EDUCATION:

Completed High School: _____ **High School Grade Average:** _____

Year graduated high school: _____ **GED:** _____

Are you currently attending College: _____ **Major:** _____

Freshman **Sophomore** **Junior** **Senior**

College or school: _____ **Title of Degree:** _____

Major: _____ **Minor:** _____

Degree: _____ **GPA:** _____

College Attended: _____

Currently in technical school program: _____

Completed technical school program: _____ **Degree:** _____

Degrees earned and pursuing now: _____

EMPLOYMENT:

Current occupation: _____

Employer (name, city, phone): _____

Length of employment: _____ **Annual income:** _____

Are you self-employed? _____ **Type of business:** _____

Do you work Full Time? _____ **Part Time?** _____

Typical weekly work schedule – days and times:

HEALTH HISTORY:

Do you have medical insurance? _____ **Company:** _____

Age at first period: _____ **Are your periods regular?** _____

Any treatments needed for menstrual problems? _____

Have you ever had trouble becoming pregnant? _____

Number of sex partners within the last 6 months: _____

Has your sex partner had other sex partners in the last 6 months?
YES ____ NO ____

Have you had an HIV/AIDS test? _____

Have you ever had an abnormal Pap smear? _____

Method of contraception used: _____ **How long** _____

List pregnancies and outcome:

Year	C-Section/Vaginal	Miscarriage	Termination	Other
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Healthy Baby

1.				
2.				
3.				
4.				

How Many Children do you have? _____

Name	DOB-age now	Sex	Weight at birth	Where reside
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Did you have any complications during your pregnancies? _____

Were the children healthy at birth? _____

Describe your health _____

List any surgeries you have had _____

Have you ever been in counseling or psychotherapy?

Yes _____ **No** _____

If yes please explain: _____

Are you taking any antidepressants at this time? _____

If Yes, please describe; _____

Have you ever been a surrogate? **Yes** **No**

If you have been surrogate before, when? _____

Have you ever been rejected for surrogacy? _____

Why, explain? _____

How did you hear about S.E.E.D.S.? _____

Will you have emotional support from someone close to you? _____

What relationship is this person to you? _____

With whom have you discussed your intentions about becoming a surrogate?

What was their reaction? _____

Do you have a reliable car or transportation to get back and forth to the fertility center located about 2 hours away; for the medical procedures to achieve pregnancy, and blood tests and ultrasounds?

Do you have a sufficiently flexible schedule to go for your morning testing and possibly arrive near your home after 9 a.m. once a week for about 10 times?

Do you feel that there is anything that would occur to stop you from completing the surrogacy once you begin it? _____

Do you have a reliable car? _____

Do you have sufficient access to transportation and/or child care for 10 trips to the fertility doctor in the early morning? _____

Do you feel as though you can make the commitment to make the trips before 8 am for the medical steps to become a gestational surrogate?

Do you feel that your commitment to help an individual or couple who are not able to achieve parenting a child is Very Strong? _____

WHY, explain? _____

Husband or Significant Other:

Name: _____ **Phone:** _____

Address: _____

Age: _____ **Birth Date:** _____ **Place of Birth:** _____

Marital Status: _____ **Date of Marriage:** _____

Religious background: _____ **Race/Ethnic background:** _____

Spouse's current employment: _____

Length of employment: _____ **Income:** _____

Please place your signature on the last line of this application that your answers are true. Any misrepresentation will constitute perjury under the law.

Signature of Gestational Surrogate

Date _____