

Intended Parent Application and Questionnaire

Date _____

Name _____

Spouse/Partner _____

Home Address _____

City, State, Zip _____

Intended Parent Contact Information

Home _____

Work _____

Cell _____

Fax _____

Email _____

Spouse/Partner Contact Information

Home _____

Work _____

Cell _____

Fax _____

Email _____

Who is your referring Physician? _____

Intended Parent Employment Information

Occupation _____

Employer _____

Spouse/Partner Employment Information

Occupation _____

Employer _____

What is the highest level of education you have completed?

Intended Parent _____

Spouse/Partner _____

Do you have any serious medical conditions? If yes, please explain:

Have you ever been abused psychologically, sexually or physically? If yes, please explain:

Have you ever undergone any psychological or psychiatric treatment? If yes, please explain:

Have you ever been treated for any emotional disorders? If yes, please explain:

Have you ever been convicted of a crime? If yes, please explain the offense and whether or not you were incarcerated:

Marital Status/Date: _____

How and when did you meet each other? _____

Please list all children and date of birth: _____

How long have you been trying to have a child? _____

How do your family members feel about you pursuing surrogacy?

Do you plan on using an egg donor? _____

Do you plan on using a sperm donor? _____

What kind of relationship do you want to have with your Gestational Host?

Before Pregnancy: _____

During Pregnancy: _____

After Birth: _____

How many times would you want your Gestational Host to try to become pregnant?

Do you want to attend doctor appointments? _____

Do you want to be in the delivery room at the birth? _____

How do you feel about a multiple pregnancy? _____

Would you choose selective reduction? _____

Do you want pre-determined sex selection? _____

If yes, which sex? _____

Are you planning on doing PGD? _____

Would you want an amniocentesis performed? _____

If an amniocentesis shows abnormal results, would you want the Gestational Host to terminate the pregnancy? _____

Is there anything else that you would like to tell your prospective Gestational Host?

We want to thank you for your time and patience in filling out this application. We look forward to working with you in the future. If you have any questions or there is anything we can do, please feel free to contact us.