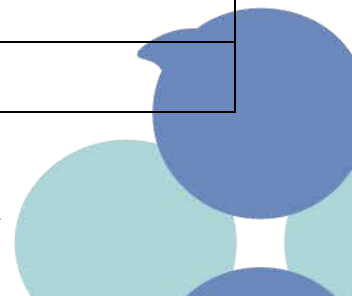


Gestational Carrier Application Form

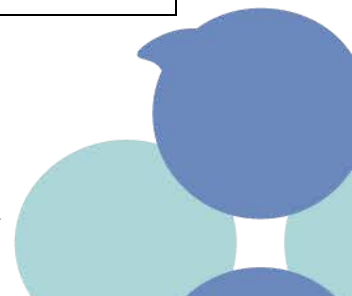
Basic Information				
1. Name				
2. Date of Birth				
3. Weight		Height		BMI
4. How many children do you have?				
5. Where do you live? (Only state and city)				
6. Are you a US citizen?				
7. What is your race?				
8. Marital status?				
9. What languages do you speak?				
10. Do you have reliable transportation?				
11. Do you have a valid driver license?				
12. Do you have health insurance? Please name the carrier.				

Education/Employment Information	
1. What is the highest-level education you have completed?	
2. Do you have plans on furthering your education?	
3. Are you currently employed?	
4. Who is your present employer?	
5. Please describe your occupation/job title	
6. Are you full time or part time?	
7. Are they flexible with you taking time off for appointments?	
8. Do you think if you can commit yourself to the surrogacy process, given your current schedule and responsibilities?	



Pregnancy Information

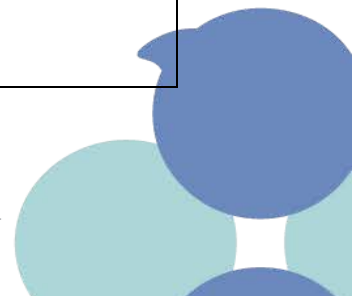
	Delivery date Mm/dd/year	Weeks	# Babies delivered	Vaginal/ C- Section	Gender	Weight	Own/ Surrogacy	Complications
1								
2								
3								
4								
2. Have you ever had an abortion?								
3. Have you ever had a miscarriage ?								
4. Have you ever experienced the following conditions?					Please explain if any			
Gestational Diabetes								
Hypertension								
Toxemia								
Placenta Previa								
Pre-Eclampsia								
Placenta Abruption								
Post-partum depression								
Pre-term labor								
Short cervix								
Bedrest								
5. Are you currently breastfeeding?								
6. Are you sexually active?								
7. Are you using birth control?								
8. Do you have regular monthly menstrual cycles?								
9. What is the date of your last menstrual cycle?								
10. When did you last see your Ob/Gyn?								
11. What is the date of your last Pap Smear? What is the result?								
12. Please list any reproductive illness you have ever experienced.								
13. Do you want any additional children of your own? (if answer is yes, let them know that surrogacy could possibly affect their fertility in the future)								



Medical Information

1. Your Blood type?	
2. What is your Rh factor?	
3. Do you drink alcoholic beverages?	
4. Do you or anyone in your household smoke?	
5. Do you or anyone in your household use illicit drugs?	

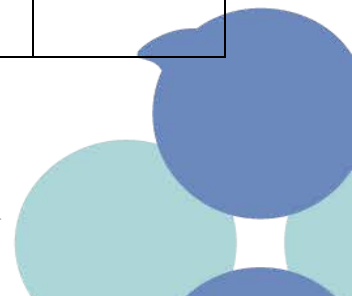
6. Have you had any form of Tobacco, Marijuana, or any form of illicit drugs within past 6 months?	
7. Are you taking any medication?	
8. Are you currently being treated for any medical conditions?	
9. Please list any significant illness you have had.	
10. Please list any hospitalization or operations you have had.	
11. Have you ever taken medications for depression or anxiety?	
12. Have you or any of your partners ever been hospitalized for psychiatric illness?	
13. Have you been immunized for Hepatitis B in the past?	
14. Have you ever been diagnosed with the following diseases? Herpes; Gonorrhea; Chlamydia; Syphilis; HPV; Genital warts	
15. Has your partner/spouse ever been diagnosed with herpes, gonorrhea, chlamydia, syphilis, HPV or genital warts?	
16. Are you currently using any form of contraception? If so, what type and how long?	



Family Support	
1. Do you have a spouse or significant other?	
2. Does your family support your decision to become a Gestational Carrier?	
3. Who would help if you were ordered to be on bed rest for a period of time?	
4. Do you anticipate any difficulties in becoming a surrogate?	
5. Describe your current living conditions.	
6. Please list everyone living in your household including ages and relationship.	
7. Do you have any pets at home?	



Decisions	
1. Are you willing to work with intended parents who are hetero-sexual couples (male/female)	
2. Are you willing to work with intended parents who are hetero-sexual individuals	
3. Are you willing to work with intended parents who are same-sex couples (male/male or female/female)	
4. Are you willing to work with intended parents who are same-sex individuals	
5. Are you willing to carry twins?	
6. Are you willing to carry triplets?	
7. If you become pregnant with multiples, would you be okay with a reduction for one or any of the following reasons?	
<ul style="list-style-type: none"> • Only if your health was a concern • At the request of the Ips, If yes: <ul style="list-style-type: none"> ○ From 2 to 1 ○ From 3 to 2 ○ From 3 to 1 	
8. Are you willing to carry for an IP/s who carries Hep B Virus?	
9. Are you willing to carry for an IP/s who does not carry Hep B virus, but recovered from an old infection (Not infected)?	
10. Are you willing to carry for an IP/s who have HIV?	
11. Are you willing to carry a child whereby the recipients used donor eggs or donor sperm?	
12. If the IPs request terminating the pregnancy, would you agree to one or any of the following:	
<ul style="list-style-type: none"> • Due to quality-of-life reasons only • Only if your health was a concern • At the request of the IP 	
13. Would there be any reason you would not be willing to terminate? Or for a specific reason? (i.e., cleft lip, missing limb, gender)	
14. What kind of relationship do you want with the intended parents during conceptions and pregnancy?	
15. Are you willing to allow fetal surgery based on a doctor's recommendation to help the child in utero?	
16. Are you willing to do somewhat invasive procedures during your surrogacy if medically necessary? For example, D&C, Amniocentesis and /or Chronic Villus Sampling.	
17. Are you willing to pump breast milk after birth?	
18. You will be required to take IVF medications. Some meds might require using injectable needles. Do you agree to take ALL medications required?	



Characteristics

1. What do you like to do in your spare time?

2. Please use five words that best describe your personality:

3. What is your favorite part about being a mom?

4. How do you see your ideal surrogacy journey? Why do you want to be a surrogate?

5. What message would you like to give to your Intended Parents?

6. What are your hobbies, interests and talents?

7. What is your favorite food?

8. What does your daily diet consist of?

