Northeastern Ohio Fertility Center

SURROGATE QUESTIONNAIRE

Submit to NEOFC 468 E. Market Street, Akron, Ohio. 44304. www.drspirtos.com

Tel: 330-376-2300 Fax: 330-376-4807 to Sandra; Email:neofc@sbcglobal.net

PLEASE RETURN WITH THIS FORM: 1) A COPY OF YOUR CURRENT DRIVER'S LICENSE 2) A COPY OF YOUR SPOUSE'S/PARTNER'S DRIVER'S LICENSE 3) RECENT PHOTOGRAPH(S) OF YOU, YOUR SPOUSE/PARTNER, AND YOUR CHILDREN

Date _____

Name (first, middle, last) _____

Home Phone _____

Address _____

Work Phone _____

Cell Phone _____

E-mail Address _____

Occupation _____

Work Address _____ _____

Date of Birth _____

Social Security Number_____

Marital Status (circle status): single married divorced widowed

If married:

Your maiden name

_____

Husband's name

_____

Date of marriage

_____

Husband's occupation _____

Husband's date of birth _____

If you have been divorced, please provide the dates of your marriage(s) and divorce(s), and the name(s) of your ex-spouse(s)

_____
_____

If you have a secondary residence, please specify:

_____
_____
_____

Please list all your past addresses from the last ten years:

_____
_____
_____
_____
_____
_____
_____

If you are currently unemployed, how are you financially supported?

_____
_____

If you are currently employed, please indicate start date of current job and provide a brief history of your past employment:

_____
_____
_____
_____
_____

Please tell us how you heard of our program, and why you are interested in being a surrogate.

_____
_____
_____
_____
_____
_____
_____

Have you informed your spouse, children, other family members, etc. of your interest in becoming a surrogate? Are they supportive?

_____
_____

MEDICAL / PHYSICAL / PERSONAL HISTORY

Height _____ Weight _____

*Must have a Body Mass Index (BMI) of below 35. (You can check your BMI at The CDC Website)

Please list the dates of all your previous pregnancies (including abortions and miscarriages, if any), and the ages and names of your children:

_____
_____
_____
_____
_____
_____

Are your children currently living with you?

_____
_____
_____

Are you currently taking any medications or have any illnesses? If so, please specify:

_____
_____
_____
_____

If you had any illnesses or prescribed any drugs in the past five years, please specify:

_____
_____
_____
_____

Do you have health insurance? If so, please specify name and policy number:

_____
_____

Do you see a gynecologist regularly? If so, please indicate doctor's name, address, and phone number:

_____
_____
_____

Do you have regular menstrual periods?

_____

Are you currently using birth control? If so, please specify method:

_____
_____

Do you currently or have you ever been treated for any sexually transmitted diseases? If so, please give dates and description.

_____
_____
_____

Please describe your diet and exercise routine:

_____
_____
_____
_____

Do you smoke? If so, please indicate how much:

_____
_____

Do you live in a smoke-free household?

_____

If you drink alcoholic beverages, please specify how often:

_____
_____

Do you take any recreational drugs? If so, please specify:

_____
_____

How many sexual partners have you had in the past six months?

_____

Have you been a surrogate or egg donor before? If so, please specify and provide dates:

_____
_____

Please describe, to the best of your ability, your religious and ethnic background:

_____
_____

Have you ever been arrested or convicted of a crime? If so specify and provide dates:

_____
_____

Please describe the level of your education and degree dates:

_____
_____

Do you plan on having any more children of your own?

_____

Would you be willing to travel for medical procedures related to your surrogacy?

_____

FAMILY MEDICAL HISTORY

Please let us know if there is any history or cancer, diabetes, mental illness, birth defects, heart disease, or any other conditions in your family.

Relative Age (if living), Age at Death, Illnesses during Lifetime and Cause of Death

Father _____

Mother _____

Siblings_____

Children_____

Maternal Grandmother_____

Maternal Grandfather_____

Paternal Grandmother_____

Paternal Grandfather_____

Please list the names and contact information for three people, unrelated to you, whom we may contact as character references:

_____
_____
_____
_____

Would you be willing to serve as a surrogate for a family of a different race, religion, or ethnic background from your own?

_____

Would you be willing to serve as a surrogate for an unmarried couple as well as a married couple? Single parent or same sex parents? Please specify any preference you may have.

_____
_____
_____

By signing below, I verify that all information above is complete and accurate. I understand that any false statement made by me may be viewed as perjury and in violation of the penal laws of my state and may subject me to criminal and/or civil penalties.

SIGNATURE

_____

DATE _____

AUTHORIZATION FOR RELEASE OF INFORMATION

To: NEOFC and any of its affiliates, including but not limited to medical doctors and personnel, medical facilities, mental health professionals, social workers, and attorneys

I, _____, authorize NEOFC to conduct any necessary background checks, including but not limited to criminal, financial, and medical records, pertaining to me.

I acknowledge that other interested parties, including but not limited to intended parents, attorneys, medical personnel, etc., will rely on this information. I understand that any false statement made by me may be viewed as perjury and in violation of the penal laws of my state and may subject me to criminal and/or civil penalties. This authorization shall remain valid for two years from the date thereof. A copy shall have the same force as the original.

_____

SIGNATURE OF APPLICANT _____

DATE _____

DATE OF BIRTH SOCIAL SECURITY NUMBER_____