

Baby Boom Surrogacy Gestational Carrier Application

GENERAL INFORMATION

1. Name:
2. Maiden name (if different):
3. Address:
City:
Zip:
Name of County in which you live (not country):
4. How long have you lived at your current address?
5. If less than two years please list prior addresses for the last two years:
Address:
City:
State:
Zip:
Please list all the states you have lived in for the past 10 years:
6. Telephone Number (include area code):
Daytime:
Work :
Evening:
Cell:
E-mail address:
Best time to contact you:

DEMOGRAPHICS

1. Name you would like to be called:
2. Age:
3. Date of birth:
4. Height:
5. Weight:
6. Race/ethnic background:
7. U.S. citizen?
8. Check One: married single divorced

9. How long have you been married?

10. Have you ever experienced any marital problems?
If yes, explain:

11. If not married, first name of partner:
Do you live together?
If yes, how long?
Do you have any children together?

12. Spouse's/Partner's Name: Age: Date of birth:

13. Sex and Number of Children: Males: _ Ages: __ Females: __Ages: _____

14. Are children biologically related to your husband/partner?

15. Would you like to have any more children of your own in the future?
16. If divorced, when did it occur?
17. What was the cause of the breakup?
18. Have you remarried?
19. How long ago?
20. Religious background:
Practicing?
21. Preference for the religious background of the intended parents:
22. Have you applied or are you currently applying to be a gestational carrier at any other medical facility, law firm and/or agency?
If yes, please list.

23. Have you ever applied to be a gestational carrier at any other medical facility, law firm and/ or agency and been told that you do not meet the facilities' criteria to be a gestational carrier?
If yes, please explain.

25. What is the name of the nearest airport to your home:

Is this an international airport? Yes No How far is the airport from your home?

26. Do you have any pets? If yes, please list.

HEALTH INFORMATION

NOTE: Many clinics will require you to send your labor and delivery records from the hospital and your prenatal records from your OB/GYN for all births. Please start gathering those records now.

1. Do you have health insurance?

If so, does it have maternity coverage?

Does your current plan cover your pregnancy as a surrogate?

Health insurance company (Provide name, address and phone):

Address:

City:

State:

Zip:

Phone:

Is your health insurance provided through a state agency or program?

2. Allergies:

3. Do you have any medical problems?

If you answered yes, please explain:

4. Have you ever had an abnormal pap smear?

If you answered yes, please explain:

5. Number of pregnancies:

6. Dates of each pregnancy:

7. Number of miscarriages:

8. Dates of each miscarriage:

9. Number of abortions

10. Dates of each abortion:

11. Number of stillbirths:

12. Dates of each stillbirth:

13. Are your menstrual periods regular?

14. How long is your monthly cycle?

15. Do you have any bleeding between periods?

16. How would you describe any cramping you have during your period?

17. Is there anything unusual about your monthly cycle?

If yes, please explain:

18. How many days does your period last?

19. How was each of your children conceived, naturally or with medical intervention?

20. Are you presently using birth control?

If yes, please state current method:

21. How long have you used this method of birth control?

22. Do you smoke cigarettes?

If so, how often?

23. Does any member of your family smoke cigarettes?

If so, who and how often?

24. Have you ever smoked cigarettes?
If so, when?

25. Do you drink alcohol?
If so, how often?

26. Have you ever used illegal drugs or un-prescribed drugs?
If yes, what drugs and how often:

27. Has your husband/partner used illegal drugs or un-prescribed drugs?
If yes, what drugs and how often:

28. Give a history of all previous pregnancies, including physical and emotional problems during and after each pregnancy (give delivery date, sex and weight of baby and list any complications). Please indicate if the birth(s) were vaginal or by cesarean section.

29. Do any of your children have serious health problems?
If yes, please explain:

30. Are you currently breastfeeding?
If so, when do you plan to stop?

31. Do you have a history of any eating disorders?
If so, please describe:

32. Are there any specific conditions in which you would not abort a pregnancy? Please be specific here and describe in detail under what conditions, if any, you would not be willing to abort?

33. Are you open to leaving medical and termination decisions up to the intended parents?

34. Have you ever had surgery?

35. List all serious illnesses and hospitalizations:

36. List all medications you are presently taking and the reasons for each:

37. Have you gotten a tattoo or any body piercing within the last year and a half?

38. Have you ever been seen by a professional for mental health issues?

39. Have you ever experienced any post partum depression?
If yes, please give the details and time periods:

40. Have you ever been prescribed or taken any medications for depression or mental health?

If yes, please list the specific medications, reason for it and time periods.

41. Have you ever had any problems with drug or alcohol abuse?

If yes, please give the details:

42. If any of your children are deceased, what was the age and cause of death?

43. Are you exposed to excess heat in the way of saunas, hot tubs, and steam rooms? If yes, please explain:

44. Do you have any allergies? If yes, please explain in detail.

45. Blood type:

RH Factor:

46. Have you been vaccinated for Hepatitis B?

47. Have you ever been advised to limit your use of alcohol or any other drug? If yes, please explain:

48. Have you ever been advised to have any medical test and/or surgical procedure and failed to take such advice?

If yes, please explain

49. Number of months between stopping birth control and conception

50. Have you ever been seen by a doctor for infertility?

51. Did your mother take DES while pregnant?

52. Have you ever been told that you were infertile?

53. Have you delivered any children with birth defects?

54. Have your parents had any serious mental or physical illnesses?

55. If either of your parents are deceased what was their age and cause of death?

SEXUAL HISTORY

1. List any contraceptives you have used in the past and any reaction you had to the use of the contraceptive?

2. Which method do you currently use?

4. Are you receiving food stamps or any other public assistance as part of your income? If so, please specify:

5. Husband's/Partner's Current Income:

6. How many persons do you support including yourself?

7. Please provide 2 current paystubs for both you and your husband/partner.

EDUCATIONAL HISTORY

1. Please choose highest level attained (only choose one):

a. Completed through grade ___

b. Graduated high school

c. Attended college through (Select One) freshman, sophomore, junior, senior year

d. Graduated College- List Degrees:

e. Post Graduate:

f. Other (trade school etc.)

GENERAL QUESTIONS

1. Please list any problems you or your spouse/partner have experienced with the law, including, but not limited to, any arrests, convictions, and sentences:

2. Have you or your spouse ever served any time in jail?
If so, how much time did you serve and why?

3. Have you ever declared bankruptcy? If so, please explain the circumstances.

4. Briefly explain your understanding of what being a gestational carrier will entail.

5. Generally, please describe yourself, i.e. your personality, hobbies, and interests?

6. What qualities would you consider most important that the intended parents have?

7. Would you permit the intended parents in the delivery room?

8. Would you permit the intended parents to attend doctor appointments if they wanted to attend?

9. Would you permit the intended parents to notify the hospital that you were not the biological parent?

10. Would you allow the intended parents names to be placed on the birth certificate?

11. Would you be willing to breast feed while you and the baby are in the hospital after delivery?

12. Please rate how important the following factors were to you in making the decision to apply to be a gestational carrier (1 = most important)

- a. ____ I like being pregnant, but don't want any more children of my own.
- b. ____ I need the money.
- c. ____ Giving an infertile couple a child would bring me happiness.
- d. ____ Other please specify:

13. Have you ever been an egg donor? If yes, When?

14. Have you ever been a gestational carrier or surrogate mother before? If yes, please describe your experience.

15. Have you ever placed a child up for adoption? If so, please describe your experience.

16. Are you adopted?

17. Are any of your children adopted?

18. Have you ever cared for a foster child? If yes, please explain briefly

19. How do you feel about carrying twins?

20. Do you feel confident that you will not hesitate to give the couple the child(ren) you will carry for them? Please explain.

21. What kind of support do you expect for being a gestational carrier from your significant other, siblings, parents, friends, and co-workers?

22. How does your husband/partner feel about your participation in this program? Please describe in detail.

23. Do you have any guns in your home? If so, please describe why and where they are kept.

24. Do you lease a car, own a car, or have access to public transportation (Please specify)?

25. Is your vehicle insured?

26. Do you have a valid driver's license?

27. Please describe your exercise and eating habits (what kinds of foods do you tend to eat).

DISCUSSION QUESTIONS

1. Are you willing to allow the doctor to decide the best number of embryos to transfer to achieve a single pregnancy (no more than two)?

2. Would you be willing to undergo amniocentesis or other diagnostic testing to determine the presence of birth defects?

3. If there were a serious problem with the fetus and the intended parents wanted to abort, would you be willing to abort?

4. Are there any specific conditions in which you would not abort a pregnancy?

5. Are you ok with selective reduction?

6. How many times are you willing to undergo the process of becoming pregnant for the intended parents?

7. How much contact or information about the child after birth would you like?

8. How involved would you allow the intended parents to be in the pregnancy?

9. When are you ready to begin the process?

10. Do you have any reservations/hesitations about pursuing surrogacy at this time?

By filling this out and signing this application you are acknowledging that all the information in the application is accurate and are agreeing to a background check.

Surrogate _____

Surrogate's Husband / Partner _____