

The Greatest Gift Surrogacy Center NW, LLC

POTENTIAL SURROGATE APPLICATION

Name _____ Date of Birth _____
Street Address _____ County _____
City, State, Zip _____
Social Security No. _____ Driver's License No. _____
Home Phone _____ Cell Phone _____
Work Phone _____ Fax _____
Email Address _____

Physician Information:

Name _____
Address _____
Telephone Number _____ Fax _____
Specialty, if any _____

Are you employed?

Yes _____ No _____

If you answered yes:

Occupation _____ Length of Employment _____

Employer _____

Address _____

City, State, Zip _____

Phone _____

Highest level of education completed _____ Year Graduated _____

Have you ever been arrested?

Yes _____ No _____

If you answered yes, please explain:

Are you currently receiving any form of public assistance?

Yes _____ No _____

If you answered yes, please share what type of assistance you are receiving:

Please indicate your status:

Single _____ Married _____

If Married, spouse/partners:

First Name _____ Age _____

Occupation _____ Length of Employment _____

Employer _____

Address _____

City, State, Zip _____

Phone _____

Highest level of education completed _____ Year Graduated _____

Has your spouse/partner ever been arrested?

Yes _____ No _____

If you answered yes, please explain:

If married, how many years? _____

Have you experienced any significant marital problems?

Yes _____ No _____

If you answered yes, please briefly describe your problems, when they occurred, and how they were resolved:

If your not married, are you living with someone in a committed relationship?

Yes _____ No _____

If you answered yes, how long have you been living together? _____

What is your: Height _____ Weight _____

How would you best describe yourself?

What do you feel are your best qualities?

Do you feel there are area's you would like to improve? If so, what are they?

How many pregnancies have you had? _____

How many live births have you had? _____

Have you ever had any abortions, miscarriages or stillbirths?

Yes _____ No _____

If you answered yes, please describe the circumstances of each:

We're all your pregnancies carried to term?

Yes _____ No _____

If you answered no, please explain:

Were any of your children born premature?

Yes _____ No _____

If the answer is yes, please describe the circumstances of each birth:

Were any of your children delivered by C-section?

Yes _____ No _____

If you have answered yes, please describe the reason for each C-section:

If you had a C-section we're you advised that future births will also be by C-section?

Yes _____ No _____

Have you discussed the potential risks of another pregnancy with your OB/GYN given your medical history?

Yes _____ No _____

If you have answered yes, does your physician feel that you are medically safe to carry another pregnancy?

Yes _____ No _____

Have you had other complications with any pregnancy or birth?

Yes _____ No _____

If you have answered yes, please describe each complication:

Were all of your children born healthy?

Yes _____ No _____

If you answered no, please explain:

Were any of your children born at an extremely low or high birth weight?

Yes _____ No _____

If you answered yes, please explain:

Do you have children living in your home? _____

If so, please fill in the information below:

Name _____

DOB _____ Sex _____ Birth weight _____

Name _____

DOB _____ Sex _____ Birth weight _____

Name _____

DOB _____ Sex _____ Birth weight _____

Name _____

DOB _____ Sex _____ Birth weight _____

Do you still wish to have more children of your own?

Yes _____ No _____

If you answered yes, please explain:

Are you currently using any form of birth control?

Yes _____ No _____

If you answered yes, what form of birth control do you use?

Is your menstrual cycle regular?

Yes _____ No _____

Typically, how long is your menstrual cycle? _____

What was the date of your last gynecological exam? _____

Are you in good physical health?

Yes _____ No _____

If you answered no, please explain:

Do you currently smoke cigarettes?

Yes _____ No _____

If you answered yes, how long have you been smoking and how many cigarettes to you smoke in one day? _____

Have you ever smoked cigarettes?

Yes _____ No _____

If you answered yes, how long ago did you quit? _____

Does anyone else who lives in your household smoke cigarettes?

Yes _____ No _____

If you answered yes, who is the smoker and where do they smoke?

Do you drink alcohol?

Yes _____ No _____

If you answered yes, how many drinks do you have:

Per day _____ Per week _____ Per month _____

Have you ever used illegal drugs?

Yes _____ No _____

If you answered yes, please provide the details:

Do you currently take any prescription medications?

Yes _____ No _____

If you answered yes, please list the name, dosage and purpose of each medication: _____

Have you ever been diagnosed with a sexually transmitted disease?

Yes _____ No _____

If you answered yes, please provide more details:

Have you gotten any tattoos or body piercing within the last 6 months?

Yes _____ No _____

If you answered yes, please give the date: _____

Do you have any medical conditions of which we should be aware?

Yes _____ No _____

If you answered yes, please describe:

Have you ever been diagnosed with any psychological problem?

Yes _____ No _____

If you answered yes, did you receive treatment?

Yes _____ No _____

Please provide details of your diagnosis and/or treatment:

Have you or your spouse/partner ever:

___ filed for bankruptcy?

___ sent to collections?

___ been evicted?

If yes to any of the above, please explain:

Do you have current auto insurance?

Yes _____ No _____

If you answered no, please explain:

Are you willing to participate in a psychological evaluation?

Yes _____ No _____

If you answered yes, will you sign a Release to allow the information to be shared with The Greatest Gift Surrogacy Center NW and the Intended Parents you select?

Yes _____ No _____

If you are married, will your spouse/partner participate in a psychological evaluation?

Yes _____ No _____

If you answered yes, will your spouse/partner sign a Release to allow the information to be shared with The Greatest Gift Surrogacy Center NW and the Intended Parents you select?

Yes _____ No _____

Are you willing to participate in a medical evaluation (blood-work, vaginal ultrasound, etc)?

Yes _____ No _____

If you answered yes, will you sign a Release to allow the information to be shared with The Greatest Gift Surrogacy Center NW and the Intended Parents you select?

Yes _____ No _____

If you are married, will your spouse/partner participate in a medical evaluation (blood-work)?

Yes _____ No _____

If you answered yes, will you sign a Release to allow the information to be shared with The Greatest Gift Surrogacy Center NW and the Intended Parents you select?

Yes _____ No _____

Are you willing to sign Releases for The Greatest Gift Surrogacy Center NW and the Intended Parents to receive medical information from your physician/gynecologist?

Yes _____ No _____

Do you currently have health insurance?

Yes _____ No _____

If you answered yes, please provide the Name of the insurance company _____ and a copy of your policy with this application.

Does your health insurance policy exclude medical care for pregnancy and/or delivery to a Surrogate?

Yes _____ No _____

Have you previously served as a Surrogate?

Yes _____ No _____

If you answered yes, please describe your experience(s):

Are you willing to travel for any surrogacy-related procedures?

Yes _____ No _____

How do you feel about taking daily medications or having daily injections?

Are you willing to stop the use of all alcohol, cigarettes, caffeine, and dangerous activities prior to and during the surrogacy arrangement?

Yes _____ No _____

If you answered no, please explain:

Are you willing to undergo invasive procedures, such as amniocentesis, if the Intended Parents request it?

Yes _____ No _____

If your physician recommended bed rest, would you comply?

Yes _____ No _____

Are you willing to carry multiple fetuses?

Yes _____ No _____

If you answered yes, up to how many fetuses are you willing to carry? _____

How many embryo transfers are you willing to undergo in order to achieve a successful pregnancy and birth? _____

Would you be willing to abort or selectively reduce?

Yes _____ No _____

If you answered no, please explain your decision:

Please indicate who you would be willing to carry a child for (mark all that apply):

- a heterosexual couple.
- a single male.
- a single female.
- a gay or lesbian couple.
- an individual or couple whose ethnic background is different from your own.
- an individual or couple whose religious background is different from your own.
- an individual or couple living in a different state.
- an individual or couple living in a foreign country.

Please list the most important characteristics that you would like your Intended Parents to have (i.e., personality, hobbies, occupations, etc.)

Please describe the kind of relationship you would hope to establish with the Intended Parents (before, during, and after, the pregnancy):

How do you feel about the Intended Parents' being with you for pregnancy appointments?

How do you feel about the Intended Parents' being with you in the delivery room?

Would you consider carrying a second child within the next 2-5 years for the same Intended Parents?

Yes _____ No _____

Do you have any concerns about becoming a Surrogate?

Yes _____ No _____

If you answered yes, please list your concerns:

Do you have any concerns about your being able to relinquish a child born to you through a surrogacy arrangement?

Yes _____ No _____

If you answered yes, please give the details of your concern:

Does your spouse/partner, family members, and/or friends have any concerns about your becoming a Surrogate?

Yes _____ No _____

Is your spouse/partner aware of their responsibilities in the medical process?

During the Surrogacy process, where is your emotional support?

What assurances can you give the Intended Parents that you will not change your mind about working with them after being matched?

How long are you willing to wait to be a Surrogate?

By completing this Application to The Greatest Gift Surrogacy Center NW (GGSC), I understand that GGSC is not guaranteeing that my Application will be accepted.

I consent GGSC to perform a background check authenticating my application.

I understand that GGSC may refer me to various outside professionals. These may include, without limitation: psychologists and other mental health professionals, medical doctors and other health care professionals, clinics, and financial institutions. I understand that I am not required to use such professionals and that GGSC does not control the activities of such professionals. I agree to release GGSC and hold it harmless with regard to any and all claims which relate to the activities of any such professionals or as a result of any such referrals.

I understand that the Surrogacy process may take some time. I further understand that The Greatest Gift Surrogacy Center NW will be spending much time and resources in making sure that the screening process is thorough.

I agree to remain available as a potential surrogate in The Greatest Gift Surrogacy Center NW program for a period of 90 days from the date of this application. I also agree that all written materials and documents created by The Greatest Gift Surrogacy Center NW are property of The Greatest Gift Surrogacy Center NW and as such are not to be disclosed or distributed.

Print Name

Signature

Date

Print Name (Spouse/partner)

Signature

Date

If you have any questions please feel free to call us at 503.925.4541
or email us at info@ggscnw.com

Please return the completed Application my mail or fax :

The Greatest Gift Surrogacy Center NW, LLC
16004 SW Tualatin Sherwood Rd. Suite 104
Sherwood, OR 97140

F:503.925.3899