nw surrogacy center

2722 NE 33rd Ave
Portland, OR 97212
Phone: (503) 233-2818
Fax: (503) 239-3989

INTENDED PARENT INTAKE FORM

Today's date: _____

PARENT ONE

Full name: _____ Age: _____

Email address: _____ Daytime phone: _____

Skype ID: _____ Employer: _____

PARENT TWO (if applicable)

Full name: _____ Age: _____

Email address: _____ Daytime phone: _____

Skype ID: _____ Employer: _____

ADDRESS

Street address: _____ City: _____

State/province: _____ Zip/postal code: _____ Country: _____

BACKGROUND

Reason for considering surrogacy: _____

Name of infertility physician: _____

Name of infertility clinic: _____

Would you be using the assistance of an egg or sperm donor? _____

Do you currently have children? _____ Ages: _____

OTHER

How did you find us?

- ☐ Google/web search
- ☐ Fertility clinic (please specify): _____
- ☐ Friend/family (please specify): _____
- ☐ Print ad (please specify): _____
- ☐ Other (please specify): _____