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POTENTIAL SURROGATE INTAKE FORM

Full Name: _____

Address:

Street: _____

City: _____ State: _____ Zip: _____

Day time telephone: _____

Email address: _____

Age: _____

Marital status: _____

Height: _____

Weight: _____

Your employer: _____

Hours per week: _____

Previous pregnancies:

Number of live births: _____

Full term: _____

Vaginal or cesarean section: _____

Any complications: _____

Ages of children: _____

Number of miscarriages: _____

Current contraception: _____

Do you have health insurance? _____

Do you smoke? _____

Have you ever smoked? _____

Are you exposed to second hand smoke? _____

Do you drink alcohol? _____ Willing to quit? _____

Do you have or have you ever been treated for herpes or hepatitis? _____

Have you ever been treated for depression or taken anti-depressants? _____

Are you taking any medication? _____

Are you willing to be a surrogate for the following:

Single Parent: _____

Parents of different race than your own: _____

Same sex couple: _____

Parents who live in another state or country: _____

Are you willing to have your profile posted on the website? _____

Referral Source: _____

Today's Date: _____