



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

POTENTIAL INTENDED PARENT INTAKE FORM

Parent 1 Name: _____
Day time telephone: _____
Email address: _____
Employer: _____
Age: _____

Parent 2 Name: _____
Day time telephone: _____
Email address: _____
Employer: _____
Age: _____

Intended Parents' mailing address:
Street: _____
City: _____ State: _____ Zip: _____

Medical reasons 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 have other children: _____
Ages: _____

Referral source: _____
Today's date: _____