



## SURROGATE INTAKE

Surrogate Information	
Name _____	
Maiden Name if married: _____	
Other names used in past _____	
Social Security # _____	Drivers License # _____
	State of issuance and expiration date: _____
Email Address: _____	Date of Birth (DOB): _____
ADDRESS _____	
_____	
Daytime Phone: _____	Okay to leave message <span style="float: right;">Y      N</span> Put an X
Evening Phone: _____	Okay to leave message Put an X
Cell Phone: _____	Okay to leave message Put an X

Spouse Information	
Full Legal Name _____	
Date of Birth: _____	
Age: _____	Drivers License # _____
SSN: _____	State of issuance and expiration date: _____
_____	_____

## Questions:

### Employment

Do you currently work? \_\_\_\_\_ Employer: \_\_\_\_\_

How many hours per day? \_\_\_\_\_ Is position seasonal? \_\_\_\_\_

How often are you paid? \_\_\_\_\_

Will you be able to take time off work for appointments, transfer, birth, etc? \_\_\_\_\_

Do you have disability policy through your employer or ability to obtain? \_\_\_\_\_

Please explain the type of job (i.e. hard labor, desk job, etc.): \_\_\_\_\_

Would your job pose a hazard while pregnant? \_\_\_\_\_

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What is the first day of your last period? \_\_\_\_\_

What is the earliest date you can begin your surrogacy journey? \_\_\_\_\_

Have you applied to any other agencies? \_\_\_\_\_

If yes, which ones and when? \_\_\_\_\_

Please check the type of parents you are willing to help by being their surrogate:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Single man

Single gay man

Gay male couple

Infertile couple with no children

Infertile couple with children

International couple

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Single woman

Single gay woman

Gay female couple

Interracial couple

Parents over the age of 45

What qualities do you want from the couple you assist?

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Are there any circumstances that would keep you from working with a set of intended parents? If so, what?

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Please describe how much contact you would like during the matching process (daily, weekly, etc):

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How much contact would you like during the pregnancy?

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How much contact would you like after the birth?

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What is your ideal relationship with the intended parents after the birth?

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Do you have access to prenatal and delivery records for previous pregnancies?  
If not, please explain why:

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Have you undergone any fertility treatments of your own in order to become pregnant?  
If so, please explain:

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Choices, LLC  
Rochester, MA 02770  
508-763-1710