



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

Put an X

Y N

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? _____

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"/>

Single man

Single gay man

Gay male couple

Infertile couple with no children

Infertile couple with children

International couple

<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?

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

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

How much contact would you like during the pregnancy?

How much contact would you like after the birth?

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

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

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

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