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POTENTIAL SURROGATE INTAKE FORM

Full name: _____ Today's date: _____

Street address: _____

City: _____ State: _____ Zip: _____

Email address: _____ Daytime phone: _____

Age: _____ Height: _____ Weight: _____

Marital status: Single Married In a relationship

Employer: _____ Hours per week: _____

Do you have Native American Indian heritage?

No Enrolled in tribe Eligible but not enrolled Yes but not eligible/not sure if eligible

PREVIOUS PREGNANCIES

Number of live births: _____ Number of full-term births: _____ Number of cesarean sections: _____

Number of miscarriages: _____ Any pregnancy or delivery complications? _____

Ages of children: _____ Current contraception: _____

LIFESTYLE

Do you smoke?

Yes, currently Quit within last 6 months Quit more than 6 months ago No, never smoked

Are you exposed to secondhand smoke? YES / NO

Are you willing to quit drinking alcohol during the surrogacy? YES / NO

What medications are you currently taking? _____

Have you ever taken medications for depression or anxiety?

Yes, currently Yes, within last 6 months Yes, more than 6 months ago No

Do you have or have you ever been treated for genital herpes? YES / NO

Have you had an abnormal pap smear within the last 5 years? YES / NO

Would you be willing to terminate if there was something wrong with the baby? YES / MAYBE / NO

OTHER

Are you willing to be a surrogate for the following?

- Single parent
- Parents of a different race than your own
- Same-sex couple
- Parents who live in another state or country

How did you find us?

- Craigslist
- Google/web search
- Facebook
- Friend or family
- Print ad
- Other: _____