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## Surrogate Mother Application Form

I am interested in being a:  Traditional Surrogate(AI)  Gestational Surrogate (IVF)  Either One

First Name **ONLY**: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Blood type: \_\_\_\_\_ Rh factor: ( - ) or ( + ) Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Ethnic background: \_\_\_\_\_ Race: \_\_\_\_\_ Eye color: \_\_\_\_\_

Natural hair color: \_\_\_\_\_ Religious background: \_\_\_\_\_ Practicing? \_\_\_\_\_

What is your marital status ? Single / Boyfriend or Partner / Engaged / Married / Divorced

How many children do you have ? \_\_\_\_\_ Do you have any adopted children ? \_\_\_\_\_

Have you ever had an abortion or miscarriage ? Yes / No Which, when: \_\_\_\_\_

Do you carry health insurance ? \_\_\_\_\_ Maternity coverage: \_\_\_\_\_ Effective date: \_\_\_\_\_

Name of health insurance company ? \_\_\_\_\_ Deductible?: \_\_\_\_\_

Do you know if it will cover surrogacy ? Yes / No / Unsure

What year did you graduate ? \_\_\_\_\_ Favorite subjects ? \_\_\_\_\_

Did you attend a college or university ? \_\_\_\_\_ If so, where & when: \_\_\_\_\_

Years attended: \_\_\_\_\_ Course of study: \_\_\_\_\_ Diploma / certificate earned ? Yes / No

Other training / certificates: \_\_\_\_\_

Do you plan to further your education ? Yes / No If so, what do you plan to do: \_\_\_\_\_

What languages do you or your family speak & write ? \_\_\_\_\_

Do you own a car ? \_\_\_\_\_ If not, do you have transportation to appointments: \_\_\_\_\_

Is your schedule flexible (as you will be attending many doctor appointments)? Yes / No (circle one)

What type of a relationship do you and your husband or boyfriend have: \_\_\_\_\_

Please explain, in your own words why you would like to be a Surrogate Mother.

What kind of support do you expect to receive from your family, and your children ?

Would you like the couple you are helping to be in the delivery room when their child is born ?

Yes / No If not, please explain: \_\_\_\_\_

What kind of reassurance can you give the couple, that you will not change your mind about giving them their child after it is born? \_\_\_\_\_

How will you feel if the child wants to meet you or speak to you later on?

If there ends up being something medically wrong with the child you are carrying and the Prospective Parents want to terminate the pregnancy, would you allow them to make that decision ? Yes / No / Unsure  
Please explain your answer : \_\_\_\_\_

Do you have any objections to carrying multiples (more than one baby) ? Yes / No (circle one)

If yes, please explain: \_\_\_\_\_

What type of contact would you like to keep with the Intended Parents during the pregnancy, and after the baby is born ?

If the Intended Parents requested that an Amniocentesis be done, would you agree to that procedure?

If not, we would be limited to sending your profile to couples who would not request one or are young enough where a doctor would not suggest it be done. Do you understand that this may take us longer to find you a couple? Yes / No (circle one)

Do you have a menstrual cycle every month ? Yes / No (circle one)

How many days are between the first day of your period and your next one ? \_\_\_\_\_

Are you currently breastfeeding ? Yes / No (circle one)

If so, how often & when do you plan to stop ? \_\_\_\_\_

\*\*\*\* Do you and your Spouse/Partner understand that unless you've had a tubal ligation or he's had a vasectomy, you must abstain from sexual intercourse while attempting to achieve a pregnancy & for the first two months thereafter, while you are a Surrogate in our program ? Yes / No Initial here \_\_\_\_\_

Pregnancy History	Pregnancy #1	Pregnancy #2	Pregnancy #3	Pregnancy #4	Pregnancy #5	Pregnancy #6
Months it took to Conceive						
Date of Delivery/Termination						
Miscarriage (List Year and How Far Along in pregnancy)						
Abortion (list year and if there Were any complications)						
Stillbirth (How many Weeks)						
Premature Birth (Weeks)						
Birth Weight and Length						
List Medications Used & If There Were Any Problems with The Delivery						
Multiple Pregnancy (yes/no)						
Gender/Sex of your child						
C-section Delivery?						
Child's Name						
Was this a surrogate pregnancy??						

If you get pregnant with (more then one baby), what is your view on selective reduction (reducing down)?

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*\*\*There is a higher chance of multiples with IVF and this is an option most couples consider if need be, for the health of the baby and for your own health. Most couples will NOT reduce down from twins, only triplets and higher.*

Would you allow the Prospective Parents to make this decision for the health of their children? Yes / No

*Have you or any of your immediate family (parents, grandparents or siblings) ever had any of the following ? If so, please list relative and date diagnosed.....(This is VERY important if you are applying to be a Traditional Surrogate. If you are applying to be a Gestational Surrogate these conditions would apply to **you** only)*

Allergies/ Asthma\_\_\_\_\_

Emphysema\_\_\_\_\_

High/ Low Thyroid\_\_\_\_\_

Chronic Bronchitis\_\_\_\_\_

Liver Disease\_\_\_\_\_

Diabetes\_\_\_\_\_

Kidney Problems\_\_\_\_\_

Manic Depression\_\_\_\_\_

Psychological Imbalance\_\_\_\_\_

Epilepsy/ Convulsions\_\_\_\_\_

Mental Illness\_\_\_\_\_

Heart Disease\_\_\_\_\_

Eye Disease/ Retinal Blastoma\_\_\_\_\_

Schizophrenia\_\_\_\_\_

Lung Disease\_\_\_\_\_

Mental Retardation\_\_\_\_\_

Ulcers\_\_\_\_\_

Obesity\_\_\_\_\_

Cancer (type ?)\_\_\_\_\_

Tuberculosis\_\_\_\_\_

Deafness (birth or childhood ?)\_\_\_\_\_

Cataracts/ Glaucoma\_\_\_\_\_

Blindness\_\_\_\_\_

Crossed Eyes\_\_\_\_\_

Glasses or Contacts\_\_\_\_\_

Color Blindness\_\_\_\_\_

Heart Attack (Age?)\_\_\_\_\_

Alzheimer's Disease\_\_\_\_\_

Hepatitis\_\_\_\_\_

Cleft Palate or Lip\_\_\_\_\_

Multiple Sclerosis\_\_\_\_\_

Down's Syndrome \_\_\_\_\_

Heart Murmur \_\_\_\_\_

Tey Sachs \_\_\_\_\_

Birth Deformities (describe) \_\_\_\_\_

Stroke (age ?) \_\_\_\_\_

Hemophilia \_\_\_\_\_

Anemia \_\_\_\_\_

Sicle Cell Anemia \_\_\_\_\_

AIDS \_\_\_\_\_

Leukemia \_\_\_\_\_

Skin Disorders \_\_\_\_\_

Spina Bifida \_\_\_\_\_

Cerebal Palsy \_\_\_\_\_

Muscular Dystrophy \_\_\_\_\_

Extreme Nervousness \_\_\_\_\_

Hyperactivity \_\_\_\_\_

Alcoholism (more then two family members) \_\_\_\_\_

Arthritis \_\_\_\_\_

Tumors \_\_\_\_\_

Colitis \_\_\_\_\_

Dwarfism \_\_\_\_\_

Cystic Fibrosis \_\_\_\_\_

Speech Problem \_\_\_\_\_

Learning Disability \_\_\_\_\_

Paralysis \_\_\_\_\_

High Blood Pressure \_\_\_\_\_

Nervous System Problems \_\_\_\_\_

Eye Disease/ Retinal Blastoma \_\_\_\_\_

Nervous Breakdown \_\_\_\_\_

Migraine Headaches \_\_\_\_\_

Night Sweats \_\_\_\_\_

Loss of urine with cough or sneeze \_\_\_\_\_

Varicose Veins \_\_\_\_\_

What is the age and health of the following family members:

Mother: (age)\_\_\_\_\_ (health)\_\_\_\_\_

Father: (age)\_\_\_\_\_ (health)\_\_\_\_\_

Siblings: 1. (age)\_\_\_\_\_ (health)\_\_\_\_\_ 2. (age)\_\_\_\_\_ (health)\_\_\_\_\_

3. (age)\_\_\_\_\_ (health)\_\_\_\_\_ 4. (age)\_\_\_\_\_ (health)\_\_\_\_\_

Husband/ Partner: (age)\_\_\_\_\_ (health)\_\_\_\_\_

Children: 1. (age)\_\_\_\_\_ (health)\_\_\_\_\_ 2. (age)\_\_\_\_\_ (health)\_\_\_\_\_

3. (age)\_\_\_\_\_ (health)\_\_\_\_\_ 4. (age)\_\_\_\_\_ (health)\_\_\_\_\_

Has any family member ever had or currently have: ( circle yes or no )

Cancer (type: ) Yes / No Who ?\_\_\_\_\_

Diabetes Yes / No Who ?\_\_\_\_\_

Stroke Yes / No Who ?\_\_\_\_\_

High Blood Pressure Yes / No Who ?\_\_\_\_\_

Heart Trouble Yes / No Who ?\_\_\_\_\_

Hysterectomy Yes / No Who ?\_\_\_\_\_

Suicide Yes / No Who ?\_\_\_\_\_

Mental Illness Yes / No Who ?\_\_\_\_\_

Epilepsy Yes / No Who ?\_\_\_\_\_

Cesarean Section Yes / No Who ?\_\_\_\_\_

### **Medical Information**

What is your present form of birth control ?

\_\_\_\_ Tubal Ligation      \_\_\_\_ Condoms      \_\_\_\_ Birth Control Pills

\_\_\_\_ Vasectomy      \_\_\_\_ Diaphragm      \_\_\_\_ Contraceptive Gel

\_\_\_\_ Depo Provera      \_\_\_\_ Norplant      \_\_\_\_ Withdrawal

How long have you used this form of birth control ?\_\_\_\_\_

If you are on Norplant or the Depo Provera shot, are you willing to discontinue this form of birth control to try and become pregnant as a surrogate in our program?\_\_\_\_\_

What is your philosophy of life? \_\_\_\_\_

\_\_\_\_\_

What goals do you have for your life? \_\_\_\_\_

\_\_\_\_\_

Have you achieved any of these goals yet? \_\_\_\_\_

Describe yourself as a child. Were you Obedient, Rebellious, Estranged, etc...Give details: \_\_\_\_\_

\_\_\_\_\_

What is your happiest childhood memory? \_\_\_\_\_

\_\_\_\_\_

**Would you consider being a surrogate for:**

(circle the one the applies)

A couple that lives in another state Yes / No

A couple that already have children Yes / No

A couple that live in another country Yes / No

A Bi-Racial couple Yes / No

A Gay couple Yes / No

A Single Parent (male) Yes / No

A Single Parent (female) Yes / No

*(The chart below MUST be filled out by all applying to be a Traditional Surrogate)*

Relation to you	Hair Color	Eye Color	Height	Weight
Mother				
Father				
Sibling (Male or Female)				
Sibling (Male or Female)				
Sibling (Male or Female)				
Maternal Grandmother				
Maternal Grandfather				
Paternal Grandmother				
Paternal Grandfather				

Have you experienced any of the following pregnancy complications such as: Pre-Term Labor, Gestational Diabetes, Placenta Previa, Home Monitoring, Emergency Cesarean, Etc.....

\_\_\_\_\_

\_\_\_\_\_

Please describe any history of health problems in your children:\_\_\_\_\_

Do you have allergies or asthma ? Yes / No (circle one) If Yes, which one:\_\_\_\_\_

Have you ever had HIV (AIDS) testing ? Yes / No Results ?\_\_\_\_\_ Date of last HIV test?\_\_\_\_\_

Do you smoke ? Yes / No (circle one) Does your partner smoke ? Yes / No

If your spouse/partner smokes, would he be willing to smoke outside and not around you while you were pregnant?

Yes / No (circle one) If not, do you understand you may not be selected? Yes / No (circle one)

Do you drink alcoholic beverages ? \_\_\_\_\_ If yes, how many & how often: \_\_\_\_\_

Do you have any pets? \_\_\_\_\_ If yes, what kind: \_\_\_\_\_

Has your weight changed more than 10 Lbs. in the past 5 years for reasons other than pregnancy ? Yes / No

If yes, please explain: \_\_\_\_\_

Are you currently taking any medications ? Yes / No If yes, what ? \_\_\_\_\_

What is the name of your OB/GYN and when did you last see him / her ? \_\_\_\_\_

What was the date of your last pap smear ? \_\_\_\_\_ Results ? \_\_\_\_\_

Have you ever had an abnormal pap smear ? Yes / No (circle one)

If so, what was the medication you were given (if any): \_\_\_\_\_

Do you have any health problems ? Yes / No If so, what: \_\_\_\_\_

Have you ever had surgery, other then a C-section delivery? Yes / No What type of surgery? \_\_\_\_\_

What do you do for a living? \_\_\_\_\_

Will the pregnancy be affected by your job? Yes / No (circle on) If so, what do you plan on doing? \_\_\_\_\_

\_\_\_\_\_

What does your Spouse/Partner do for a living? \_\_\_\_\_

If you are not married or in a committed relationship, who will be there to provide you with support during the pregnancy? \_\_\_\_\_

If you are married, when is your anniversary? (*List month, date and year*) \_\_\_\_\_

If you are told to be on bedrest in the case of a high risk multiple pregnancy or because the doctor fears you may deliver early, will you be able to locate assistance to help with your children? Yes / No (circle one)

Do you have disability benefits through your employer or through the state? Yes / No (circle one)

*(Please answer the following questions ONLY if you have been a Surrogate before)*

How many times have you been a Surrogate? \_\_\_\_\_ Were you TS or GS? \_\_\_\_\_

Were you carrying: Singleton / Twins / Triplets / Quads (circle one)

How many tries did it take before you became pregnant? \_\_\_\_\_

Any complications while on the medications or cancelled cycles? Yes / No (circle one)

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you undergo selective reduction? Yes / No (circle one)

If so, please explain why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tell us about your surrogate experience, how was it: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you work with an agency? Yes / No Which one? \_\_\_\_\_

How was your experience with the agency? \_\_\_\_\_

What was your previous Intended Parent(s) like: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What can new Intended Parent(s) do differently to make this experience good for you: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you have any post-partum depression or separation anxiety with the baby after delivery? Yes / No

**--This page will not be part of your profile that prospective parents will review--**

Have you or your spouse / partner ever:

Filed Bankruptcy ?	Yes	/	No	Year:_____
Been Arrested ?	Yes	/	No	Year:_____
Been Charged with a DUI ?	Yes	/	No	Year:_____
Placed a Child up for Adoption ?	Yes	/	No	Year:_____
Filed for Divorce / Legal Separation ?	Yes	/	No	Year:_____
Been in a Substance Abuse Program ?	Yes	/	No	Year:_____

Have you or your partner ever had any psychological counseling ?    Yes    /    No    (circle one)

List two references & their phone #'s, that you've known for at least five years:

1. \_\_\_\_\_
2. \_\_\_\_\_

**Information about your Spouse / Significant Other:**

Spouse / Partners full name: \_\_\_\_\_                      What does he go by ? \_\_\_\_\_  
Age: \_\_\_\_\_    Social security #: \_\_\_\_\_                      Birthdate: \_\_\_\_\_  
Years you've been together and/or married: \_\_\_\_\_  
Drivers license #: \_\_\_\_\_                      Issuing state: \_\_\_\_\_                      Exp: \_\_\_\_\_

**Questions About You As a Surrogate Mother**

Where did you learn about Surrogate Alternatives ? \_\_\_\_\_

(if magazine ad please specify which one, Internet link, search engine, friend referral, etc... )

Have you been a Surrogate Mother before ?    Yes    /    No    (circle one)

If so, please explain when, how everything went, and if you worked with an agency or independently:

\_\_\_\_\_  
\_\_\_\_\_

If an agency, which one? \_\_\_\_\_

If you have been a Surrogate before, did you do (AI) or (IVF):    AI    /    IVF    (please circle)

**--This page will not be part of your profile that prospective parents will review--**

I agree to inform Surrogate Alternatives, Inc. of my involvement with a new partner at any time, while I am a Surrogate Mother enrolled in their program. I further understand that any new partner I have must also be tested for HIV and STD's, prior to my being sexually active with them.

Signature \_\_\_\_\_

Date signed: \_\_\_\_\_

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***The following questions must be filled out completely***

Full legal name: \_\_\_\_\_ Maiden name: \_\_\_\_\_

Home phone: (    ) \_\_\_\_\_ Work phone: (    ) \_\_\_\_\_ Ext: \_\_\_\_\_

Cell phone: (    ) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Pager number: (    ) \_\_\_\_\_ Alternate number: (    ) \_\_\_\_\_

Present street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Past addresses for the last seven (7) years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Social security #: \_\_\_\_\_ Driver's license #: \_\_\_\_\_ Issuing state: \_\_\_\_\_

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Person to contact in case of an emergency: (not your spouse / partner) Include their name, address, phone number & their relationship to you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**I/We declare that the information given in this application are true and correct. I/We have seriously thought about the decision to assist a couple by surrogate parenting and are committed solely to Surrogate Alternatives, Inc. for a period of 90 days so that they can help me find a couple to assist in such a special way. After that time if I decide to register with another agency I agree to notify them immediately. I also agree that the agency (*if able*) attends the birth and delivery of their surrogate mothers and I/We agree to allow at least one member of Surrogate Alternatives present during the delivery.**

\_\_\_\_\_  
**Surrogate Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Spouse/Partner Signature**

\_\_\_\_\_  
**Date**