

HAUSMANN & HICKMAN, P.A.

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GESTATIONAL SURROGATE PROFILE

Name: _____

Maiden Name (if different) _____

Address: _____

How long have you lived at your current address? _____

Telephone Number (include area code): _____

Daytime: _____

Evening: _____

Cell: _____

E-mail address: _____

Birth Date: _____ Birth Place _____

Religion: _____

Ancestry/Nationality: _____

Race: _____

Language(s) spoken: _____

Social Security Number: _____

Marital Status: _____

Husband's/Companion's Name: _____

Your Physical Description

Height: _____ Weight: _____

Is your family aware of your surrogacy plans? _____

Do you have a reliable support system? _____

Who? _____

Have you ever applied or are you currently applying to be a gestational carrier at any other medical facility, law firm, or agency? Yes () No () If yes, please list:

Have you ever applied to be a gestational carrier at any other medical facility, law firm and /or agency and been told that you do not meet the facilities criteria to be a gestational carrier?

Yes () No () If yes, please _____
explain. _____

Would you be willing to work with:

Same sex couple:	Yes()	No()
Single male:	Yes()	No()
Single female:	Yes()	No()
Couple using an egg donor:	Yes()	No()
Couple using a sperm donor:	Yes()	No()
An older couple:	Yes()	No()
A couple with children:	Yes()	No()
A Couple with a different ethnicity	Yes()	No()
A Couple with a different religion	Yes()	No()
An international couple	Yes()	No()

Do you have health insurance?	Yes()	No()
Does it have maternity coverage?	Yes()	No()
Does it have a surrogacy exclusion?	Yes()	No()

Health insurance company name _____

Address: _____

Phone: _____

Policy Number: _____

Is your health insurance provided through a state agency or program? _____

PREGNANCY HISTORY

How many times have you been pregnant? _____

Please describe what occurred with these pregnancies

Abortion _____ Miscarriage _____ Normal Delivery _____
C-Section _____ Date of last delivery _____

Please explain any complications during pregnancy or delivery:

Are the children with you now? Yes () No ()

Ages of children _____ Sex of children _____

HEALTH INFORMATION

Are your menstrual periods regular? _____

How long is your monthly cycle? _____

Do you have bleeding between periods? _____

Anything unusual about your monthly cycle? Yes () No ()

Please explain: _____

How many days does your period last? _____

Are you presently using birth control? Yes () No ()

If yes, please state current method: _____

How long have you used this method of birth control? _____

Would you be willing to undergo amniocentesis or other diagnostic testing to determine the presence of birth defects? Yes () No ()

If there was a serious problem with the fetus and the intended parents wanted to abort, would you be willing to do so?

Yes () No ()

Have you ever been seen by a professional for mental health issues? Yes () No ()

If yes, please explain _____

Do you smoke cigarettes? Yes () No () How often? _____

Does any member in your household smoke cigarettes? Yes () No ()

Do you drink alcohol? Yes () No () How often? _____

Have you ever used illegal drugs? Yes () No () Please detail:

Have you ever had surgery? Yes () No () If yes, reasons and results

List all serious illnesses and hospitalizations: _____

List all medications you are presently taking, dosages and the reasons for each:

Blood type: RH Factor: Positive () Negative ()

Have you ever received a blood transfusion? Yes () No ()

EDUCATIONAL HISTORY

Number of years attended: Grade School _____ High School _____ College _____

Educational Achievements: _____

Educational Goals: _____

OCCUPATIONAL BACKGROUND

Present occupation: _____

Address of present employer: _____

Telephone number: _____ Work hours: _____

Length of employment: _____

Can you be called at work? Yes () No ()

Do you plan to stop working? Yes () No () If so, when? _____

Will you employer allow flex days for medical appointments? _____

LEGAL REPRESENTATION

Does an attorney represent you currently? Yes () No ()

If so, Name: _____

Address: _____

Telephone Number: _____

GENERAL QUESTIONS

Please list any problems you or your spouse have experienced with the law including, but not limited to, any arrests, convictions and sentences: _____

Have you or your spouse ever served any time in jail?

Yes () No ()

If so, how much time did you serve and why? _____

Briefly explain why you wish to be a gestation carrier and your understanding of what being a gestational carrier and your understanding of what this will entail:

Generally please describe yourself, i.e. your personality, hobbies, and interests:

What qualities would you consider most important that the intended parents have?

Would you permit the intended parents in the delivery room? _____

Would you allow the intended parents' names to be placed on the birth certificate? _____

Would you be willing to pump, freeze and ship your breast milk if the intended parents requested it for their child? _____

In case of a pregnancy with multiples, how do you feel about selective reduction?

What kind of support and encouragement do you expect for being a gestational carrier?

How does your husband/partner feel about your participation in this program?

Would your husband/partner be willing to undergo medical screening and a psychological evaluation if required by the doctor or intended parents? _____

Do you lease a car, own a car, or have access to public transportation? _____

Is your vehicle insured? _____

Do you have a valid driver`s license? _____

Have you ever been a gestational carrier before? _____

Please give details: _____

Have you ever placed a child for adoption? _____

Are you adopted? _____

Are any of your children adopted? _____

Please rate how important the following factors were to you in making the decision to apply to be a gestational carrier (1 = most important; 10= no important)

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- A. I like being pregnant, but don`t want any more children of my own _____
 - B. I need the money _____
 - C. Giving an infertile couple a child would bring me happiness _____
 - D. Other please specify: _____

COMPENSATION

If you choose to be a Gestational Carrier, Florida law allows the prospective parents to pay the reasonable legal, living, psychological, medical, and psychiatric expenses that are directly related to the surrogacy. Please estimate the amount that you feel that you should be compensated for this undertaking.

\$ _____

VERIFICATION AFFIDAVIT & RELEASE OF INFORMATION

I verify that the information contained on the attached Surrogate Profile is true and correct to the best of my knowledge and belief. I understand that the information I am providing will be used and relied upon by the intended parents, their physicians and attorney.

In my written and verbal communications in connection with my surrogacy plan, I have not provided any false or misleading information of any kind including information concerning my family, or myself regarding background or medical history.

I herein authorize Hausmann & Hickman, P.A. to share all information provided to them with the court and any intended parents. In the event that I have provided or provide in the future any misleading or false information or in any way violate the terms of the Agreement, I herein authorize Hausmann & Hickman, P.A. to share my information, provided by myself and my physicians with other Surrogacy Practitioners, law enforcement authorities and the prospective parents through all communication medium.

Surrogate Mother

Date

Surrogate's Husband

Date