

Supportive Conceptions Surrogacy Agency



Surrogate Pre-Screening Information Sheet  
(Agency & Clinic Only)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Please provide addresses from the last 10 years:

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

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

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

E-mail: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Birthdate \_\_\_\_\_ SS# \_\_\_\_\_ Permission to use SS# to run a back ground check \_\_\_\_\_ (please initial here)

If employed indicate current and past employment history:

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

Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_

If unemployed, how are you financially supported:

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

Relationship status:

Single \_\_ Committed \_\_ Married \_\_ Divorced \_\_ Widowed \_\_

*Please answer the following as applicable:*

Maiden name: \_\_\_\_\_

Husband/Partners name: \_\_\_\_\_

Length of relationship: \_\_\_\_\_

Husband/partners occupation: \_\_\_\_\_

Husband/partners DOB: \_\_\_\_\_

Husband/Partners SS# \_\_\_\_\_ Permission to use SS# to run a background check \_\_\_\_\_ (please have partner sign here)

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Current height: \_\_\_\_\_ Current weight: \_\_\_\_\_ BMI \_\_\_\_\_

Any weight fluctuations in the past 10 years? Please explain:

\_\_\_\_\_

List any miscarriages and/or termination dates if applicable:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

Do you take, or have you recently taken any medications, over the counter or prescription?

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

\_\_\_\_\_

Have you had any illnesses or diagnosed conditions in the past 5 years?

\_\_\_\_\_

Please list any hospitalizations or surgeries:

\_\_\_\_\_

\_\_\_\_\_

Is there anything else in your health history that you may feel may hinder you becoming a surrogate: \_\_\_\_\_

\_\_\_\_\_

Do you currently have health insurance? \_\_\_\_\_

If yes, please specify name and policy # \_\_\_\_\_

Have you ever been arrested or convicted of a crime?

\_\_\_\_\_

\_\_\_\_\_

Do you or anyone in your household smoke? \_\_\_\_\_

Do you or anyone in your household drink alcohol? \_\_\_\_\_

Do you or anyone in your household take recreational drugs? \_\_\_\_\_

Please provide contact info for 3 or more individuals whom can be contacted for character reference:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

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Why are you interested in being a surrogate?

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Open to termination or fetal reduction procedures? Y\_\_\_ N\_\_\_ Under specific circumstances\_\_\_ Uncertain/Would like to learn more\_\_\_

Have you been a surrogate or egg donor before? \_\_\_\_\_

If yes, please share your previous experience

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How did you hear about our program?

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Any additional thoughts or information you wish to share at this time?

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Thank you for taking the time to complete this questionnaire! Don't hesitate to contact us at any time with any questions you may have. We will be in touch shortly after reviewing your responses. (530) 518-0421