



ANU
FERTILITY

SURROGATE PROFILE

Dear Intended Parent,

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Name:

Birth Date:

Address:

Email:

Phone:

Occupation:

Best time to contact?

Emergency Contact Name:

Emergency Contact Number:

Do you drive?

YES

NO

Do you own a car?

YES

NO

Partners Name:

Birth Date:

Partners Occupation:

Are you legally married, common law, or single?

How many years have you been together?



MEDICAL HISTORY

PREGNANCY 1

Child's first name:

Was this: Surrogacy Personal

Sex: Male Female

Birth date:

Full term? YES NO

Birth Weight:

Was this: C-Section Vaginal

Complications:

PREGNANCY 2

Child's first name:

Was this: Surrogacy Personal

Sex: Male Female

Birth date:

Full term? YES NO

Birth Weight:

Was this: C-Section Vaginal

Complications:

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CLICK TO ADD PHOTO



PREGNANCY 3

Child's first name:

Was this: Surrogacy Personal

Sex: Male Female

Birth date:

Full term? YES NO

Birth Weight:

Was this: C-Section Vaginal

Complications:

PREGNANCY 4

Child's first name:

Was this: Surrogacy Personal

Sex: Male Female

Birth date:

Full term? YES NO

Birth Weight:

Was this: C-Section Vaginal

Complications:

PREGNANCY 5

Child's first name:

Was this: Surrogacy Personal

Sex: Male Female

Birth date:

Full term? YES NO

Birth Weight:

Was this: C-Section Vaginal

Complications:

PREGNANCY 6

Child's first name:

Was this: Surrogacy Personal

Sex: Male Female

Birth date:

Full term? YES NO

Birth Weight:

Was this: C-Section Vaginal

Complications:



What is your current birth control method?

Are your menstrual cycles regular?

YES NO

From the end of your period to the start of the next, how many days is it?

How many days does your period last?

When was your last physical exam/pap smear?

Were the results:

Normal Abnormal

Please list any hospitalizations and/or any surgery, including cosmetic surgery from the last 18 months?

Are you on any medications?

YES NO

Please list medications used: N/A

If the clinic doctor feels this medication is not pregnancy safe, are you willing to work with the doctor to switch medication to one that is compatible with pregnancy?

YES NO N/A

Do use tobacco?

YES NO

How much daily/weekly? N/A

Are you willing to stop while cycling and pregnant?

YES NO N/A

With marijuana being legal in 2018 are you a user of this substance?

YES NO

How much daily/weekly? N/A

Are you willing to stop 30 days prior to cycling (starting IVF medications) and for the duration of the pregnancy?

YES NO N/A

Does your partner smoke and/or vape?

YES NO N/A

How much daily?

Inside home or outside the home:

Inside Outside N/A

Do you drink alcohol?

YES NO

How much daily/weekly? N/A

Are you willing to stop while cycling and pregnant?

YES NO N/A

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YOU AS A SURROGATE MOTHER

Please explain what brings you to Surrogacy?

What type of couple are you willing to help?

Married

Unmarried

Single

Gay

Lesbian

Any

Do you prefer a couple who is from:

North America

International

Any

What qualities are important to you in your Intended Parents (i.e.: support, rural life, traveling)?

What kind of support do you expect from your friends and family?

What is your preferred care provider:

Obstetrician

Midwife

Family Doctor

**What type of communication/relationship would you like from the Intended Parent(s):
Before pregnancy?**

During pregnancy?

After pregnancy?

Would you like the IP's to be in the delivery room?

YES

NO

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PERSONAL CHARACTERISTICS

Height:

Weight:

Do you speak a language other than English?

YES NO

If YES, please explain:

How many successful pregnancies have you had?

How many miscarriages have you had?

Have you ever had an D/C?

YES NO

If YES, when?

Have you ever had a stillbirth?

YES NO

If YES, when?

Have you or your spouse ever?

Filed Bankruptcy:

YES NO

Been to a hospital psychiatric ward:

YES NO

Been in a substance abuse program:

YES NO

Have current legal cases or claims pending:

YES NO

Ever had care by a psychiatrist:

YES NO

Have you ever been convicted of a crime:

YES NO

If YES the any of the above, please explain:

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FUN QUESTIONS

We'd like to understand your personality a little, please have some fun with them.

Are you spring, summer, fall, or winter? Please share why

What is your favorite weird food combination?

What is your favorite holiday? Why?

You have a FREE day - what would you like to do?

What is your love language? (eg. appreciation, emotional, financial, intellectual, physical, practical)

What was the best concert you went to? Worst?

When have you laughed the hardest?

If your house was burning down, what three objects would you try and save?

You win a million dollars, but you have to give half to a charity. Which charity do you pick, and what do you do with the rest of the money?

What's the weirdest thing you've ever eaten?



THIS OR THAT

THIS BOTH THAT

SPA	ADVENTURE
MOVIE THEATRE	STREAMING AT HOME
DOG	CAT
SALTY	SWEET
BOOK	MOVIE
FLOWERS	PLANT
HOME COOKED MEAL	RESTAURANT
IPHONE	ANDROID
BRIGHT LIGHTS	STARRY SKIES
PLANS	SURPRISES
BEHIND THE CAMERA	IN FRONT OF THE CAMERA
GIVE	RECEIVE
CITY	COUNTRYSIDE
PHONE	TEXTING
STORE BOUGHT	HOME MADE
COFFEE	TEA
SHOPPING ONLINE	SHOPPING IN STORE



WORK & FINANCIAL

Does your current occupation require you to lift heavy objects over 30lbs?

YES NO N/A

Does your current occupation expose you or possibly expose you to hazardous chemicals or any other elements, etc. that may not be suitable for a pregnant woman?

YES NO N/A

If YES, please list all chemicals, elements, etc. that you are or may be exposed to:

Cost of housekeeping for 2 hours per week to offset the heavy cleaning such as vacuum, mop and bathrooms.

If there is a medical problem with the pregnancy or the surrogate child that you are carrying, and the IP's want to consider terminating the pregnancy, would you allow the IP's to make that decision based on the advice of the doctors and their personal beliefs?

YES NO

If NO, please explain:

What is your gross wage on an hourly basis; we will need a pay stub to calculate your net wages as per CRA approved calculation:

Would you be willing to transfer two embryos with the understanding it may increase your chances of carrying?

YES NO

We like to prepare for the worst and plan for the best but in the event that you are put on medical bedrest we are going to use the following items to help calculate a potential bed rest calculation to bring you to neutral:

Who will give you your daily injections?

Are you eligible to claim EI for any lost wages?

Current paystub will be needed.

YES NO UNSURE

Have you ever been a surrogate?

YES NO

Have you applied to any other programs to be a surrogate mother?

YES NO

What are your child care costs per day? Per night?

These calculations will be used for days that are not covered by lost wages if needed such as weekends or evenings.

If yes, which one?



I understand that the clinic will preform a standard toxicology screening: YES NO

I am aware that IVF doesn't always work the first time and am willing to try up to 3 times with my match: YES NO

If applicable, my partner understands that they must undergo blood work & counseling with me. And that if I have a sexual partner they are required to do an updated STI screening:
YES NO N/A

Are you currently breastfeeding? YES NO

If so, are you willing to quit: YES NO

Any travel anticipated in the next 12 months? To where?

Feel free to add anything else or concluding remarks:

Thank you for your interest in working with ANU Fertility. You truly have a heart of gold. We look forward to getting to know you.

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