



11625 Custer Road, Ste #110-102 | Frisco, TX 75035 | joiedeviesurrogacy@msn.com | 972-369-7091

**Surrogate Profile**

Thank you for answering all the questions as honestly as possible. You are supplying information of a sensitive nature; all information is strictly confidential and will only be shared with the Intended Parents with your approval. Page 1 of this application is for the sole use of "Joie de Vie" Surrogacy, Inc. Thank you for taking the time, effort and thought in filling out this questionnaire.

**CONFIDENTIAL PERSONAL INFORMATION:**

Full Legal Name: Maiden Last Name, if different:

Street Address: City, State Zip Code

How long have you lived at current address? Own/Rent:

Home Phone: Can confidential messages be left on your home answering machine?

Work Phone: May I speak freely when leaving messages at work?

Mobile Phone Number: Can confidential messages be left on your mobile phone voicemail?

E-mail address: Is your e-mail address confidential?

Social Security #:

Driver's License #: Driver's License State: Driver's License Expiration Date:

Your Age: Date of Birth: Height: Weight:

Place of Birth: Religion:

Married      Single      Widowed      Divorced      Separated      Living together

Full legal name of Spouse or Significant Other (indicate which):

Length of relationship:

Whom to contact in case of an emergency:

Home Phone: Work Phone: Cell Phone:

Referred by or how did you hear about us:

## INSURANCE INFORMATION

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Health Insurance Provider:

Group:

HMO/PPO:

COBRA insured:

Policy #

Maternity coverage?

What % Surro exclusion?

Health Insurance Provider Address:

Health Insurance Provider Phone Number:

Primary Insured

Insured DOB:

**\*\*\*PLEASE INCLUDE COPIES OF FRONT AND BACK SIDE OF INSURANCE CARD**

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## SURROGATE PROFILE

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### PERSONAL INFORMATION:

First Name ONLY or Nickname:

Date of Birth:

Height:

Weight:

Body Frame:

Have you ever been pregnant, successfully carried a child to term, and given birth?

Please give the names, ages and year of birth for each child:

1.

2.

3.

Do they live with you?

If not, please explain.

If married or otherwise in a long-term relationship, how long have you been together?

First name ONLY of spouse or significant other:

Briefly, describe your spouse or significant other:

Does your partner smoke?

Are you currently sexually active?

Are you currently in a monogamous relationship?

How many sexual partners have you had in the past 6 months?

In the past 5 years, have you had sexual contact with anyone in high-risk groups for AIDS?

These include intravenous drug users, recipients of blood products, transfusions, immigrants from developing countries, and sexually active persons with multiple partners.

If yes (in contact with risk of AIDS), explain:

Are you at risk for AIDS?

**PERSONAL INFORMATION:**

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To your knowledge, have any of your sexual partners in the last 5 years been sexually active with anyone in the high-risk group for AIDS?

What is your racial background:

Your Ethnic Origin/Ancestry: (e.g.: German, Chinese, Native American, French-Italian, etc):

Highest Level of education: High school city/state: College city/state:

What is your current religious affiliation? Do you consider yourself to be religious or spiritual?

How important is your religion to you?

Does your belief system have an impact on your decision to become a surrogate?

How important is the religion of your Intended Parents? If important, please describe why:

How often are you exposed to strong, prolonged heat sources such as saunas, hot tubs, and steam rooms?  
If regularly exposed to strong heat, please explain:

Do you smoke? If yes, how many cigarettes per day?

Do you drink alcohol? If yes, frequency and type?

Have you ever been advised to limit your use of alcohol or any drugs?  
If yes (limit alcohol or drugs), please explain:

Have you ever used any mind altering drugs such as marijuana, cocaine, ecstasy, LSD, heroine?  
If yes, when? How much? Dates last used:

Do you have a history of eating disorders?  
If yes (eating disorders), please explain:

Do you follow a particular food diet or have any special dietary habits?  
If yes, specify:

List the forms and frequency of regular exercise:

Do you sleep well? How many hours?

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**CRIMINAL HISTORY:**

Have you or anyone in your household ever been arrested and/or convicted of a crime/felony?  
If yes, please give dates, explain: (please note that it is standard practice for us to do background checks on all of our surrogates)

**MEDICAL INFORMATION:**

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Blood type:            Rh factor:

Do you currently have any allergies? If so, please specify and explain your reaction:

Do you use prescription drugs (name, reason & dosage)?

Do you use non-prescription drugs (name, reason & dosage)?

List any other medications you have taken in the last 5 years and their purpose (name, reason & dosage):

Do you currently have any medical problems or conditions?

If yes (medical problems), please explain:

When did you have the last annual physical or any other physical test?

What was the result?

Have you ever had surgery?

If yes, please list the year and explain reasons and result of surgery:

Have you ever been advised to have any medical test or surgery but did not follow such advice?

If yes, please explain:

Have you ever been hospitalized for substance abuse, depression, or any other psychological problem?

If yes (hospitalized), please list date(s) and diagnosis:

Have you ever taken medication for psychological problems (name, reason & dosage)?

Have you ever been in counseling or psychotherapy?

If yes (counseling or psychotherapy), please list dates and diagnosis or reason:

List all name(s) of counselor(s) or mental health professional(s):

Name:

Phone:

Name:

Phone:

**MEDICAL INFORMATION:**

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Please list any past or current medical conditions you had or have that have not been previously mentioned:

Have you been tattooed or had a non-sterile skin piercing procedure in the last 12 months?

If yes, please describe:

Have you ever been refused as a blood donor?

If yes, please explain:

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**REPRODUCTIVE HISTORY:**

**NOTE: To be considered as a surrogate gestational carrier, you must have carried to term and given birth to at least one child.**

When was your first menses?

Are your periods regular?

How many days does your cycle last?

Number of pregnancies:                      Dates:

Number of live births:

Number of miscarriages:                      Dates:

What did the doctor tell you the reason for the miscarriage was?

Number of c-sections:                      Dates:

What did the doctor tell you the reason for the c-section was?

Number of abortions:                      Dates:

Number of stillbirths:                      Dates:

What did the doctor tell you the reason for the stillbirth was?

How many weeks did you carry each baby?

What was the weight of each baby at birth?

What were your pregnancies like?

Do you want to have any more children?

Have you ever had an infection (fever, pain, and bleeding) following childbirth, miscarriage, or abortion?

If yes (had an infection), please explain:

## REPRODUCTIVE HISTORY

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Have you ever had complications during or after pregnancy?

If yes, please describe.

Have you ever been seen by a doctor for infertility treatment?

If yes (infertility treatment), explain:

Have you ever been told of any gynecological problems (endometriosis, ovarian cysts, fibroids, abnormal pap smears, etc.?)  
If yes, please explain:

Have you ever placed a child for adoption?

If so (placed a child for adoption), please describe your experience:

Did your mother take DES while she was pregnant with you?

Have you ever had an abnormal baby?

If yes (abnormal baby), please explain:

Have you used contraceptives?

Which contraceptive method do you use currently?

How long have you used this method?

How long after stopping contraceptives did it take to get pregnant?

Is there a family history of fertility problems (difficulty conceiving, miscarriages) if yes, please describe?

Indicate whether you have ever had any of the following diseases:

AIDS/HIV	Herpes
Chlamydia	Liver Disease
Diabetes	Tuberculosis
Gonorrhea	Psychiatric Disorders
Hepatitis B	CMV

Please explain any “YES” answers involving the above diseases:

Please check any of the following you’ve experienced with any of your pregnancies:

Still Birth	Ectopic Pregnancy	Other
Caesarian Section	Placenta Previa	
Physician Ordered Bed Rest	Gestational Diabetes	
Toxemia	Premature Birth	

Please explain any “YES” answers involving the above conditions:

If applicable, list the names and addresses of all ob’s/gyn’s:

- 1)
- 2)
- 3)

## EMPLOYMENT

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Are you currently working?

What type of company/industry do you work for?

What specifically is your occupation/position?

What are your duties?

How long have you worked for your current employer?

How many hours a week do you work?

What is your approximate weekly income (pay stubs will be necessary to verify when matched with Intended Parents)?

Spouse or Significant Other's occupation:

Spouse or Significant Other's approximate weekly income? (Only necessary if you anticipate that s/he may need lost wage reimbursement -- pay stubs will be necessary to verify when matched with Intended Parents).

Do you own and drive a car (necessary to get to and from appts.)?

Do you have automobile insurance?

Do you have a valid driver's license?

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## INTERESTS & PERSONALITY:

How would you describe your personality?

What type of sports do you enjoy?

What is your favorite type of music?

Who is your favorite singer?

What is your favorite movie?

What is your favorite TV show?

What are your favorite foods?

Where would you most like to travel and why?

What is your favorite thing to do?

What is your ultimate goal or ambition in life?

Where do you see yourself 5 years from now?

10years?

What do you think is the biggest stress in your life at present?

What problems did you have as a child?

How would you describe yourself?

Is there anything about yourself that you would change?

Describe your philosophy of life:

If you could be granted one wish for this world what would it be?

How do you handle disagreements with others?

What makes you angry?

What makes you feel happy?

When do you get down (or depressed)?

Why and for how long?

Describe your sense of humor:

## SURROGACY

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Briefly, explain your understanding about how being a Gestational Surrogate works:

Why do you want to become a gestational surrogate?

Please rate on a scale of 1 – 5 the importance of the following factors in your decision to become a surrogate gestational carrier (1 being not important, 5 being extremely important):

I enjoy being pregnant, but do not want any more children of my own.

I need the income.

Having a child for an infertile couple would bring me great joy.

I feel it is my “calling” to be a surrogate for someone else.

I like feeling a part of something bigger.

Being a surrogate involves an extensive time commitment, which typically includes fertility medication, extensive testing, pregnancy and childbirth, and possible surgical procedures. Will this present a problem for either you or your family?

Who will provide your emotional support?

Do you plan to explain your surrogacy decision to your children? How?

If currently employed, do you plan to tell your employer that you are a surrogate?

Have you ever been a surrogate?

If so, how many times and what type ( gestational or traditional)?

If so, who was the doctor or doctors?

How many months between stopping birth control and conception?

How many attempts or transfers were there until you became pregnant?

What were the circumstances?

Donor egg or IM's eggs?

How old was the IM?

Were there any miscarriages?

Was there a pregnancy?

Was there a live birth?

How long did you carry for?

Type of surrogate delivery?

If not vaginal, please explain why:

If you have been a surrogate before please describe the overall experience. What things did you like about it and what things would you like to avoid or improve upon in your next surrogacy experience?

## SURROGACY

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Do you have any personal concerns about becoming a surrogate?

What difficulties do you anticipate in becoming a surrogate?

How many transfer attempts would you feel comfortable with in order to become pregnant?

Are you willing to reduce the amount of caffeine and soda you consume during the pregnancy (coffee, tea, etc.)?

Are you open to making other lifestyle changes at the request of the Intended Parents?

Are your partner and close family members (parents, children, siblings) supportive of your decision to become a surrogate?

Describe the ideal intended parents for whom you would like to be a surrogate:

My wish for the child/children I carry and deliver is:

What would you especially like the child/children to know about you?

What do you think of communication with IPs using email?

Would you be able to check your email regularly?

Would you like to communicate through phone calls? If so, how often?

How do you feel about the Intended Parents being in the delivery room with you?

Is there anyone else you would like to have in the delivery room?

Some Intended Parents do not live near their surrogates. How do you feel about having Intended Parents that cannot attend doctor appointments and see you on a regular basis?

Would you be willing to work with same sex couples?

Would you be willing to work with single Intended Parents?

Would you be willing to give birth in another state?

Would you be willing to have embryo transfer in another state?

Would you need to bring your children when you need to travel for surrogacy?

What date are you available to begin?

Are you currently working with any other surrogacy programs, if so please list?

What kind of relationship would you like with the Intended Parents after the birth of the child (ren)?

## SURROGACY

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What kind of relationship would you like with your surro-children?

How do you feel about the possibility of carrying more than one baby as a gestational carrier?

If recommended by a physician, would you be willing to undergo CVS, amniocentesis or other diagnostic testing to determine the presence of birth defects?

If there were a serious problem with the fetus and the intended parents wanted to terminate the pregnancy, would you be willing to terminate the pregnancy?

If you were pregnant with more than two fetuses, would you be willing to undergo selective reduction in order to increase the chances of survival and health for the remaining fetuses?

Are there any specific conditions in which you would not terminate a pregnancy?  
If yes (conditions not to terminate), please explain:

Do you think your OB/GYN would be supportive of you helping aspiring parents have a baby?

As a surrogate, what reassurance can you give that you will not change your mind about relinquishing the child?

What do you consider as adequate compensation for your surrogacy?

Are you negotiable in regards to your compensation?

Take this space to address your intended parents either in the form of a letter or just a brief note- this is your opportunity to allow them to see a side of you besides the questions that were previously asked. Let the “you” shine through- tell them what a great parent you are or how you love to garden- either way, be yourself.

And lastly, please include some photos of yourself and family with this profile to help the potential IPs get to know you a little better. You can send a hard copy or email them to us. Thank you for taking the time to fill this out, we look forward to working with you and finding you your special match- remember- “Joie de Vie,” children are the joy of life and together we hope to bring joy to everyone!





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I/We (if in a relationship with a Husband/Partner) agree that the information provided in the surrogate application and profile for “Joie de Vie” Surrogacy is complete, true, and correct to the best of each party’s knowledge. I understand that any perjury in the application provided to “Joie de Vie” Surrogacy can lead to legal ramifications.

I hereby, give my permission to “Joie de Vie” Surrogacy to release any information or photos I have provided to them that are not marked “for the use of” “Joie de Vie” Surrogacy only. I understand that some information and photos I provided to “Joie de Vie” Surrogacy may be posted on their company website or in ads to help find a couple for my surrogacy journey.

I/We hereby give consent to a background/criminal check to “Joie de Vie” Surrogacy.

I/We understand the findings after a background/criminal check may prevent acceptance into “Joie de Vie” Surrogacy surrogate program.

I/We understand that background/criminal check information can/will be shared with any potential Intended Parent(s).

I/We give “Joie de Vie” Surrogacy, and its representative’s permission to release or receive any information provided on the application, medical reports or files, or psychological information or clinics, Doctors, or potential Intended Parents if it is required to be accepted into “Joie de Vie’s” Surrogacy Surrogate Program.

(Please sign and date)

Surrogate Mother:

Date:

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Partner:

Date:

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