

rohit GDFGDFG



Identifying Information

Full Name : rohit *****
Age : 1989-02-3 yrs.
Social Security Number : *****
Marital Status : Married

Contact Information & Basic Details

Address : *****
City : DFGDFG
State : NT
Zip code : 0
Country : CA
State : NT
Closest largest city : DFGDFG
Phone number : *****
Cell Number : *****
Email Address : *****
Length of employment : DFGDFG
Driving License Number : *****
Driving License State : *****
Preferred Method of Contact : *****
How many times have you been married : DFGDFG
How did you hear about Simple Surrogacy : magazine

Please name : DFGDFG

Ethnicity/Heritage

Current :

Current Employer :DFGDFGDF Position : DFGDF

Length of employment :DFGDFG Part Time/Full Time :parttime

Infertility History

How long have you been trying to conceive : DFGD

How many times have you become pregnant : DFGDFG

Have you been told by a doctor you have a fertility problem : yes
DFGDFGDFG

How many times have you attempted to conceive : DFGDFD

Have you had any reproductive organs removed : yes
DFGDFG

Medical History

Have you had any significant or life threatening illnesses : no
dfgd

Have you ever been treated for syphilis or gonorrhea : no
fgdf

Were you treated by a physician : no

Have you ever been refused as a blood donor : yes
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List names and addresses of all previous Primary Care Physicians :

Are you healthy now : yes
dfgdf

Is there any history of fertility problems in your family : yes
gdfg

Have you or any of your sexual partners had herpes, venereal warts, HIV, aids, syphilis and/or any other sexually transmitted disease : yes
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Have you been treated for this disease : dfgdfgdfg

Psychological Information

Have you ever been, or are you now, under the care of a psychiatrist or counselor : **yes**
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Name of counselor : **dfgdfgdgdf**

Phone of counselor : **gdgdfg**

Have you had any psychiatrist hospitalization : **yes**
dfg

Diagnosis : **dfgdfg**

Are you currently using prescribed drugs for psychiatric reasons : **yes**

Name of dosage : **gdgdfg**

Name of dosage : **dfgdfg**

Name of dosage : **dfgdfg**

Criminal History

Date
fgdf

Charge
gdf

Disposition
gdgdfg

Personality

How would you describe your personality
dfg

How do you handle disagreements with others
dfgdf

Do you consider yourself humorous
Yes

Do you consider yourself and optimist or a pessimist
Yes

How do you think your life has turned out so far
fdgd

Is there anything about yourself that you would like to change : **yes**
fdg

Where do you see yourself 10 years from now
fgdf

What are your current life goals
gdgdfg

What are your future life goals
dfgdfg

Do you think you will reach the goals you set
yes

What are your hobbies
dfgd

Do you drink : [yes](#)
no

Do you smoke : [yes](#)
dfg

Do you use or have you ever used Illegal Drugs : [yes](#)
dfgdfg

Are you trying to quit or will you quit before the baby is born : [yes](#)
dfgdfg

Have you ever been in the military :
[yes](#)

Is your home located in reasonable distance from schools and parks and locations that children would enjoy
[yes](#)

Do you plan on moving once you are a parent if you answered No
[yes](#)

Are you religious : [yes](#)
dfgdf

What are your family traditions for holidays and birthdays
gdfgdfg

How does your family handle conflict or disagreements
gdf

What are your reasons for choosing surrogacy or egg donation
dfg

How long have you wanted to do a surrogacy and when did you start looking for a surrogate mother or egg donor
dfgdfg

Please list any concerns or hopes you have for or about your impending journey through surrogacy
dfgdfgdf

Extended Family

Number of Siblings : [dfgdfg](#)

Number of Aunts and Uncles : [dfgdfg](#)

Are your parents living : [yes](#)

Do you have any children : [yes](#)

Gender :

Age of children :

Childrens from previous relationship :

Do you have legal and physical custody of
all the above children : [yes](#)
fdgdfgdfgdfg

Does your family know of your plans for
surrogacy or egg donation : [yes](#)

Are they supportive : [yes](#)
dfgdfgdfgdfg

Surrogate Preferences

I am seeking a : Gestational

Would you consider an inexperienced surrogate : yes

Preferred Age Range :

Do you prefer a married surrogate : yes

Would you be willing to be matched with a single surrogate : yes

*Do you have preferences about Ethnicity and or Education : yes

Ethnicity/Heritage

zxczx

Education

hfgfhgh

Are you looking for a surrogate who is a stay at home mother : yes

Would you consider abortion in the event of fetal abnormalities : yes

Would you consider fetal reduction for higher order multiples : yes

Please give Simple Surrogacy a detailed description of your ideal Surrogate Mother :

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Surrogate Preferences [SECTION-2]

Do You Need an Egg Donor : no

Do you prefer an experienced Egg Donor : yes

Do you want a Proven Donor : yes

Ideal donor preferences

Race : Asian

Heritage : Russian

Height : 5 01

Weight : dfg lbs

Eye Color : Brown

Skin Color : Asian

Hair Color : Red

Hair Texture : Curly

Ethnicity/Heritage : Gestational

High School : High School

Vocational Degree : Vocational Degree

Attended College :

dfgdfg

If your surrogate completes a successful surrogacy for you, and you become a parent, do you think you will want a sibling for your child?
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Would you be likely to want to use the same surrogate?
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What are your plans for childcare after the child is born?
gdfg

If the transfer or inseminations failed, how soon would you want to try again?
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What do you plan to tell your child about his or her conception?
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Are you open to sharing pictures of your baby with your surrogate?
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Please list any concerns you have about your impending journey through surrogacy
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Please let us know of anything Simple Surrogacy can do to make your journey more pleasant and stress free

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