



MAGIC JOURNEYS, LLC

Surrogacy and Egg Donation Services

DONOR INFORMATION

General Information:

First Name:

Last Name:

Age:	Blood type:
Height:	Eye color:
Weight:	Ethnicity:
Hair color:	Maternal ethnic origin:
Marital status:	Paternal ethnic origin:
Religious background:	Current residence:

Education Background

1. What is the highest level of schooling attained?

High school graduate

Some college

Technical school

Bachelor's degree

Some graduate school

Master's degree

Doctorate

2. Name of the university you have attended or graduated:

3. What were your favorite subjects in school?

4. Major:

5. What are your most significant achievements?

Donation History

1. Have you ever applied for being screened to be an egg donor before ?

2. Do you have any other egg donation programs at this moment?

3. If you have donated before, please fill out the table

4. Describe the reason for donation :

5. What type if any contact would you like with the recipients?

6. If you have the opportunity to pass a message to the recipient of your eggs, what message would you like to send,

Personality and Character

1. How would you describe your personality ?

2. Do you have any special talents?

3. Please list any of your other skills/hobbies/talents/interests

4. Please list your talent for musical instruments or other musical talents.

5. Please list any of your sports skills or your favorite sports.

6. Please describe your diet, do you have any dietary restrictions

7. What is one of your most memorable moments?

8. Describe your childhood?

9. What are your career plans for now and the future?

Health History

1. Have you taken antidepressant medication in the past year?

2. Have you ever been hospitalized or seen a doctor for substance abuse or depression?

3. Please list the reasons and dates of your visit to see doctor in the last year?

4. The number of pregnancy.

5. The date of your last visit pregnancies obstetrician or gynecology .

6. The date of your last pap smear.

7. Current contraceptive measures.

8. Do you smoke ?

9. Do you drink alcohol? how often?

10. Do you have a regular cycle?

11. Have you ever had twins or multiple births in your family?

12. Have you ever offered blood?

13. Do you have any family hereditary disease?

Family background

Relationship	Eye	Hair	Height	Age	Healthy	Job
Father						
Mother						
Grandpa						
Grandma						
Grandpa						
Grandma						