



# MAGIC JOURNEYS

Surrogacy and Egg Donation Services

## Surrogate Profile

Name:

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### BASIC INFORMATION

Age:

Occupation:

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Address:

Number of Biological Children:

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Height:

Marital Status:

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Weight:

Do you smoke?

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BMI:

Do you drink alcoholic beverages?

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Ethnicity:

Are you willing to carry twins?

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Have you been a surrogate before?

Are you Hepatitis B immune?

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\* Please provide three of your pictures



## PRIOR PREGNANCIES

### Pregnancy # 1

Child's Name		Child's date of birth	
C-section or Vaginal		Weeks at conclusion of pregnancy	
Gender		Birth Weight	
Any complications?		Did you have any trouble getting pregnant?	

### Pregnancy # 2

Child's Name		Child's date of birth	
C-section or Vaginal		Weeks at conclusion of pregnancy	
Gender		Birth Weight	
Any complications?		Did you have any trouble getting pregnant?	

### Pregnancy # 3

Child's Name		Child's date of birth	
C-section or Vaginal		Weeks at conclusion of pregnancy	
Gender		Birth Weight	
Any complications?		Did you have any trouble getting pregnant?	

### Pregnancy # 4

Child's Name		Child's date of birth	
C-section or Vaginal		Weeks at conclusion of pregnancy	
Gender		Birth Weight	
Any complications?		Did you have any trouble getting pregnant?	



## MEDICAL HISTORY

Do you have any current or past health concerns (describe):

List any medications (prescription and non-prescription), vitamins and nutritional supplements you are currently taking and dosage:

List all prescription medications and dosages you have taken in the last year and your reason for taking them:

How often do you go to the doctor?

How many days did your most recent period last:

Describe your current method of birth control:

Have you ever been hospitalized other than giving birth (describe):

When was your last pap smear?

What were your pap smear results:

When were your last screening for STDs?

What was your last STDs screening results?

Have you ever been in therapy or counseling? (describe reason):

Do you have any allergies (describe):



## ABOUT YOUR SURROGACY

	Yes	No	Notes
If bed rest is prescribed during pregnancy, will you require childcare assistance?			
Two embryo transfers are standard to give the parents the best chance at a single pregnancy. Are you willing to have two embryos transferred?			
Are you willing to allow the doctor to decide the best number of embryos to transfer to achieve a single pregnancy (no more than three)?			
Would you be willing to terminate pregnancy if medically advised?			
If the fetus is diagnosed with a fatal or debilitating disease, would you be willing to terminate the pregnancy?			
If the fetus were diagnosed with Down syndrome (Trisomy 21), would you be willing to terminate the pregnancy?			
If you were to become pregnant with more than triplets (3), would you be willing to reduce the number of embryos within the first trimester if requested by the Intended Parents?			

## ABOUT YOURSELF

How did you become interested in becoming a gestational surrogate?

Who is the primary source of income in your home?

What is your educational background?

Have you ever been convicted of a crime?

What does being a surrogate mother mean to you?

What relationship do you want with the intended parents during the pregnancy?

Would you be willing to work with a same sexed couple or single parent?

Many intended parents do not live near their surrogate and may live in another country. How do you feel about having intended parents that do not live near you?

Describe your daily diet:

Do you currently exercise or work out? Please describe your current exercise routine.

Describe your lifestyle and typical day-to-day activities:

What activities do you enjoy for fun and recreation:

Describe the home you live in: