

**MEDICAL/SOCIAL BACKGROUND PACKET**

Full Name (include maiden name if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Birth Place: \_\_\_\_\_  
(City) (State)

**PHYSICAL CHARACTERISTICS**

EYES	HAIR-COLOR & TEXTURE	COMPLEXION
HEIGHT	WEIGHT	BODY BUILD
RACE	NATIONALITY	BLOOD TYPE      RH FACTOR
HIV              DATE OF TEST	DO YOU WEAR GLASSES	NEAR SIGHTED
FAR SIGHTED	RIGHT HANDED	LEFT HANDED

**EDUCATION INFORMATION**

Number of years attended:    Grade school: \_\_\_\_\_    High school: \_\_\_\_\_

College or University: \_\_\_\_\_    Vocational training: \_\_\_\_\_

Other: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Are you employed? \_\_\_\_\_

Current employment (type of job): \_\_\_\_\_

Previous types of jobs held: \_\_\_\_\_

**MARITAL HISTORY**

Are you currently married? \_\_\_\_\_

If so, name of spouse: \_\_\_\_\_

Have you previously been married? \_\_\_\_\_

If so, name of spouse and date divorce was finalized: \_\_\_\_\_

\_\_\_\_\_

**OTHER CHILDREN**

*(Include all children, whether living with you, deceased, or previously placed for adoption).*

Child's first name	Sex of child	Date of birth	Birthplace (City, State)	Residence
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have any of the children listed above had any unusual physical or mental illness? \_\_\_ Yes \_\_\_ No

(If so, describe): \_\_\_\_\_

**RELIGION**

What religion do you practice? \_\_\_\_\_

**DEVELOPMENTAL HISTORY**

*(If unknown, give developmental history of your child(ren), if applicable).*

EVENT	AGE
First tooth	
Crawled	
Walked	
Toilet trained	
Talked	
Food problems	
Bed wetting	
Onset of menstrual cycle (Period)	
Problems with period	
Acne (pimples)	

**REASONS FOR ACTING AS A GESTATIONAL CARRIER OR SURROGATE**

Why do you consider it desirable to act as a gestational carrier or surrogate?

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What is your current feeling about being contacted by the child when he/she is an adult?

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**FAMILY HISTORY**

Please give me a brief description of your childhood:

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**PERSONAL**

Favorite color: \_\_\_\_\_ Favorite animal: \_\_\_\_\_

Favorite food: \_\_\_\_\_ Favorite sport: \_\_\_\_\_

Favorite subject: \_\_\_\_\_ Least favorite subject: \_\_\_\_\_

Please give a brief description of your talents, hobbies, and interests:

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**FAMILY MEMBERS**

	LIVING	DEAD	AGE AT DEATH	CAUSE OF DEATH
Mother	_____	_____	_____	_____
Mother's mother	_____	_____	_____	_____
Mother's father	_____	_____	_____	_____
Father	_____	_____	_____	_____
Father's mother	_____	_____	_____	_____
Father's father	_____	_____	_____	_____
Sisters	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Brothers	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Daughters & Sons	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

The questions in this section refer to you and your blood relatives. These questions are to help the family by giving them important medical information on you.

A. Skeletal System	Yes	No	Not Sure	If Yes, Who?
1. Abnormally tall or short adult or child (specify) _____	_____	_____	_____	_____
2. Hunch back or twisted spine- other problems with spine (including paralysis from birth)	_____	_____	_____	_____
3. Abnormal arms, legs, fingers, or toes (including extra fingers, webbed toes, one leg shorter than the other) (specify) _____	_____	_____	_____	_____
4. Easily broken bones	_____	_____	_____	_____
5. Has always had from childhood less than normal amount of hair on face (eyebrows) or scalp (specify) _____	_____	_____	_____	_____
6. From infancy, has had chronic skin rash (eczema) or "fish scales" (specify) _____	_____	_____	_____	_____
7. Born without fingernails, toenails, or with very small nails	_____	_____	_____	_____
8. Had white patch of hair as a child or became gray before age of 25 years	_____	_____	_____	_____
9. Born with sac over spine (spina bifida, Meningocele) (specify) _____	_____	_____	_____	_____
10. Any other glandular problems (specify) _____	_____	_____	_____	_____

**A. Skeletal System (Cont.)**

**Yes      No      Not Sure      If Yes, Who?**

11. Any abnormality of the sex organs (e.g. abnormal size, shape, or confusing sex)

\_\_\_\_\_

12. Cancer (specify)

\_\_\_\_\_

\_\_\_\_\_

13. Alcoholism

\_\_\_\_\_

14. Substance abuse (specify)

\_\_\_\_\_

\_\_\_\_\_

15. Autism

\_\_\_\_\_

16. Difficulty reading

\_\_\_\_\_

**B. Hair and Skin**

**Yes      No      Not Sure      If Yes, Who?**

1. Born with many dark moles on face or body

\_\_\_\_\_

2. Born with large (one inch) light brown spots or patches on the skin

\_\_\_\_\_

3. Born with other abnormality of the skin (specify)

\_\_\_\_\_

\_\_\_\_\_

**C. Eyes**

**Yes      No      Not Sure      If Yes, Who?**

1. Born with cataracts

\_\_\_\_\_

2. Blind since childhood

\_\_\_\_\_

3. Pink colored eyes

\_\_\_\_\_

4. Born with one eye a different color than the other eye

\_\_\_\_\_

5. Other abnormalities of the eyes (tumor, small eyes, "bug eyes")

\_\_\_\_\_

<b>D. Ears</b>	<b>Yes</b>	<b>No</b>	<b>Not Sure</b>	<b>If Yes, Who?</b>
1. Deaf at birth or in childhood (specify) _____	_____	_____	_____	_____
2. Born with abnormality of the ear (abnormal shape, excess skin, loss of part of the ear) (specify) _____	_____	_____	_____	_____

<b>E. Nose, Mouth &amp; Throat</b>	<b>Yes</b>	<b>No</b>	<b>Not Sure</b>	<b>If Yes, Who?</b>
1. Born with hare lip (cleft lip) or cleft palate	_____	_____	_____	_____
2. Born with abnormally large or thick tongue	_____	_____	_____	_____
3. Born with other abnormality of the tongue or mouth (specify) _____	_____	_____	_____	_____
4. Born with abnormally small jaw	_____	_____	_____	_____
5. No teeth, too few teeth, or too many teeth as a child (specify) _____	_____	_____	_____	_____

<b>F. Heart and Lungs</b>	<b>Yes</b>	<b>No</b>	<b>Not Sure</b>	<b>If Yes, Who?</b>
1. Severe asthma, emphysema, or chronic lung disease (specify) _____	_____	_____	_____	_____
2. Problem with the heart discovered at birth or shortly after birth (specify) _____	_____	_____	_____	_____
3. Cystic Fibrosis	_____	_____	_____	_____

**F. Health and Lungs**

**Yes      No      Not Sure      If Yes, Who?**

4. High blood pressure before the age of 25 \_\_\_\_\_

5. Heart attack or problem with heart before age of 50 (55 for woman) (specify)  
\_\_\_\_\_

6. Problem with the lungs discovered at birth or shortly after birth (specify)  
\_\_\_\_\_

**G. Blood**

**Yes      No      Not Sure      If Yes, Who?**

1. Abnormal bleeder \_\_\_\_\_

2. Anemic (low blood) \_\_\_\_\_

3. Leukemia or Hodgkin Disease (cancer of the blood cells)  
\_\_\_\_\_

4. Sickle cell anemia or Cooley's anemia (thalassemia) (specify) \_\_\_\_\_

5. Had repeated sever infections or fever requiring many stays in the hospital (specify)  
\_\_\_\_\_

**H. Abdomen**

**Yes      No      Not Sure      If Yes, Who?**

1. Born with one kidney or abnormal kidneys (specify)  
\_\_\_\_\_

2. Had severe kidney disease or kidney stones (specify)  
\_\_\_\_\_



**H. Abdomen (Cont.)****Yes      No      Not Sure      If Yes, Who?**

3. Poor weight gain and growth as a baby

\_\_\_\_\_

4. Known to have several polyps or intestines (bowel) or cancer of bowel as a child or young adult (specify)

\_\_\_\_\_

5. Tay Sachs disease

\_\_\_\_\_

6. Down's Syndrome (Mongolism) (age of mother at birth of child)

\_\_\_\_\_

7. Born with large head (water on brain), hydrocephalus

\_\_\_\_\_

8. Brain tumor

\_\_\_\_\_

9. Aneurism of brain (bubble on blood vessel)

\_\_\_\_\_

10. Alzheimer or Huntingdon Chorea (specify) \_\_\_\_\_

\_\_\_\_\_

**I. Nervous System****Yes      No      Not Sure      If Yes, Who?**

1. Convulsions (fits) or seizures

\_\_\_\_\_

2. Mental retardation

\_\_\_\_\_

3. Emotional illness (specify)

\_\_\_\_\_

4. Paralysis (not by accident)- did arms and legs hang loosely- were arms and legs stiff and rigid

\_\_\_\_\_

5. Muscular dystrophy

\_\_\_\_\_

6. Tremor (shaking) of arms and/or legs (specify age of onset)

\_\_\_\_\_

<b>J. Miscellaneous</b>	<b>Yes</b>	<b>No</b>	<b>Not Sure</b>	<b>If Yes, Who?</b>
1. Sugar diabetes	_____	_____	_____	_____
2. Hyperlipidemia (high fats or cholesterol in blood)	_____	_____	_____	_____
3. Allergies (specify) _____ _____	_____	_____	_____	_____
4. Abnormal thyroid function (too high or too low)	_____	_____	_____	_____
5. Slow learning	_____	_____	_____	_____
6. Other (specify) _____ _____	_____	_____	_____	_____

**PREGNANCY**

1. Have you ever been pregnant? \_\_\_\_\_
2. If yes, how many pregnancies carried to term? \_\_\_\_\_
3. Did you ever have a miscarriage (spontaneous abortion), still born infants or infants that died soon after birth (specify)? \_\_\_\_\_

Below is a list of drugs. Please check any that apply. Please be honest and remember that many of these are not necessarily dangerous to you.

DRUGS:	WHEN?	HOW MUCH?
Cigarettes	_____	_____
Aspirin (brand)	_____	_____
Antibiotics (Penicillin)	_____	_____
Antihistamines (cold pills, allergy medicine)	_____	_____
Hormones (Estrogens, Insulin)	_____	_____
Cortisone (Steroids)	_____	_____
Diet pills	_____	_____
Caffeine	_____	_____
Sleeping pills	_____	_____
Nerve pills or tranquilizers	_____	_____
Valium	_____	_____
Heart or blood pressure pills	_____	_____
Medicine for nausea	_____	_____
Medicine for convulsions	_____	_____
Alcohol (cocktails, beer, wine)	_____	_____
Marijuana	_____	_____
Heroin	_____	_____
Methadone	_____	_____
LSD (Acid)	_____	_____
Speed	_____	_____
Cocaine	_____	_____

DRUGS (cont.)	WHEN?	HOW MUCH?
Crack	_____	_____
PCP (Angel dust)	_____	_____
Designer drugs (ecstasy)	_____	_____
Other: Prescription drugs, uppers, downers	_____	_____

**OTHER MEDICAL HISTORY**

1. Is there anyone with a known birth defect in your family? \_\_\_\_\_  
\_\_\_\_\_
2. Is there anyone with a known chromosome abnormality in your family? \_\_\_\_\_  
\_\_\_\_\_
3. Is there any important medical information about your family that has not been covered by the questionnaire? If so, please elaborate:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*THANK YOU VERY MUCH FOR YOUR COOPERATION!*