

Prime Genetics, LLC

"Giving the Gift of Life"

Surrogate Qualification Application

All Fields Required

Date: Year of Birth:

Full Name:

City, State:

Height: Weight:

How did you hear about us?

Smoker: Yes or No (Circle One) Have you smoked in the past? Yes or No

If so, how long did you smoke and how long ago did you quit?

Race/Ethnicity:

Have you ever been arrested? Yes or No

If yes, explain:

Were you convicted? Yes or No

Are you drug and /or disease free? Yes or No

Have you ever experimented with drugs in the past? Yes or No

If so, what, how many times, and how long since the last time you used anything?

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Marital Status:

Husband supportive?

How many children do you have?

Ages:

Occupation:

Place of Employment:

Do you have medical insurance?

Yes or No (Circle One)

Provider:

Education:

Have you taken prescription medication in the past year? Yes or No

If so, what did you take, how long ago, and what were you being treated for?

What type of birth control do you use?

Have you ever taken antidepressants? Yes or No

If yes, when, what and how long?

Did you stop under a physician's care? Yes or No

Date of last pap smear:

Date of last HIV test:

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Contact Information:

Home Phone: Work Phone:

Cell Phone:

Address:

Email Address: