



info@donatedeggs.com

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Castle Rock, CO 80104
Tel: (720) 733-0184
Fax: (720) 733-2433

Today's Date: _____

RECIPIENT QUESTIONNAIRE
(Please attach 2 recent photos of IM and IF)

How did you hear about our agency? (If internet, please specify site): _____

Intended Mother: _____ DOB: _____

Intended Mother SS#: _____ Age: _____

Intended Father: _____ DOB: _____

Intended Father: SS#: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Fax: _____

Intended Mother Work: _____ Cell: _____

Intended Mother Email: _____

Intended Father Work: _____ Cell: _____

Intended Father Email: _____

How often do you check your email? All day () Once a day () Weekly () Rarely ()

Are you Married? Yes No If So: Ceremonial or Common Law

How many years have you been together / married? _____

Emergency Contact Info: Name: _____ Phone: _____

May we leave detailed messages? Home () Work () Cell ()

Occupations:

Intended Mother: _____

Intended Father: _____

Does your insurance cover any of the donor/IVF process? Yes No Unsure

If yes, please state the coverage for you and your donor: _____

Name of Fertility Clinic: _____ **Name of Doctor:** _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____ Best Contact Person: _____

Name of your Attorney: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

Physical Characteristics: *(Intended Mother)* *(Intended Father)*

Natural Hair Color:	_____	_____
Hair Texture/Type:	_____	_____
Eye Color:	_____	_____
Complexion:	_____	_____
Height:	_____	_____
Current Weight:	_____	_____
Build:	_____	_____
Blood Type (if known):	_____	_____
Birthplace:	_____	_____
Ancestry:	_____	_____
Religion:	_____	_____
Children & Ages:	_____	_____

Education:

High School:	_____	_____
College:	_____	_____
Years Completed:	_____	_____
Degrees & Dates:	_____	_____

Personal History:

Please describe infertility history below:

What genetic/health problems are of most concern when choosing your egg donor?

How many cycles of IVF have you undergone using your own eggs? _____

How many donor IVF cycles have you undergone? _____

LIST THE DONOR CHARACTERISTICS YOU:

REQUIRE

DESIRE

If the donor agrees, are you interested in: Meeting your donor in person? Yes No Maybe
Talking on the phone? Yes No Maybe
Emailing each other? Yes No Maybe

Please write a brief description of Intended Mother’s personality and temperament:

Please write a brief description of Intended Father’s personality and temperament:

What hobbies do you/your family enjoy?

How soon are you hoping to cycle? _____

Credit Card Info

Name on Card: _____

Credit Card Number: _____ **Type:** Visa MasterCard

Expiration: _____ **Security Number on back:** _____

(To be used for outside monitoring costs (if applicable), donor mailings, copies, faxing, travel costs, miscellaneous medications donor may be instructed to purchase.) All receipts will be provided.

RECIPIENT BIO

We would like to give you an opportunity to tell your donor a little about yourself. Please use this space to share your story with her. Please refrain from using your last names or any other identifying information, as this will be forwarded to her for her review and decision to donate for you. Thank You!