



NO: CFC201E

CFC SURROGATE PROFILE

V: 0012



AGE



LOCATION



BIRTHS



Envisioning My Surrogacy Journey

A large, empty white rectangular area intended for writing or drawing, positioned below the section header.



Personal Information



Legal name:

Pronouns:

Primary phone:

Email:

Preferred contact method:

Address:

City:

Province:

Postal code:

Date of birth:

Primary language:

Secondary language(s):

Background Information

Do you have a valid Canadian passport?

Yes

No

Expiry date:

Are you willing to travel to the USA?

Yes

No

Do you have a driver's license?

Yes

No

Province of issuance:

Do you or your spouse/partner own a vehicle?

Yes

No

Marital status:

Partner first name:

Partner last name:

Does your partner work shifts, or evenings and weekends?

Have you or your spouse/partner been party to any legal proceedings or have any pending claims?

Yes

No

If yes, please provide details:

Have you or your spouse/partner ever been charged or convicted of a crime?

Yes

No

If yes, please provide details:

**EMERGENCY CONTACT**

Name:

Phone:

Relation:

Location:

Health & Medical History

Height (feet):

(inches):

Weight (lbs):

Do you have regular monthly menstrual cycles?

 Yes No

If no, please provide details:

Are you currently using birth control?

 Yes No

If yes, please advise what method, how long, and any complications you experienced:

When was the last time you had a pap test and what were the results?

Do you currently have a family doctor?

 Yes No

If yes, please provide the name of your doctor:

Do you smoke cigarettes?

 Yes No

If yes, please advise how many per day:

Are you currently using cannabis?

 Yes No

If yes, please advise how often:

Are you willing to stop cannabis use for pregnancy?

 Yes No**Please note that cannabis is legal in Canada*

Are you currently taking any medications? Please include dosage:

Intended Parent Compatibility

Are you comfortable with your intended parents making decisions surrounding terminating the pregnancy you are carrying in the event of:

Medical abnormalities:

Downs Syndrome diagnosis:

Selective reduction for multiples:

Are you open to IPs who already have children?

 Yes No

How soon are you ready to transfer?



Obstetric History

Experienced failed transfers as a surrogate previously:

How many children have you had?

🔖 MOST RECENT PREGNANCY

Child's name:

Date of birth:

What type of pregnancy?

- Personal
 Surrogacy

How did you deliver the child?

- Vaginal
 C-section

If surrogacy, number of transfers:

Number of weeks pregnant at delivery:

Child's birth weight:

Location delivered:

Please list any complications during the pregnancy or delivery:

🔖 SECOND MOST RECENT PREGNANCY

Child's name:

Date of birth:

What type of pregnancy?

- Personal
 Surrogacy

How did you deliver the child?

- Vaginal
 C-section

If surrogacy, number of transfers:

Number of weeks pregnant at delivery:

Child's birth weight:

Location delivered:

Please list any complications during the pregnancy or delivery:

🔖 THIRD MOST RECENT PREGNANCY

Child's name:

Date of birth:

What type of pregnancy?

- Personal
 Surrogacy

How did you deliver the child?

- Vaginal
 C-section

If surrogacy, number of transfers:

Number of weeks pregnant at delivery:

Child's birth weight:

Location delivered:

Please list any complications during the pregnancy or delivery:

 **FOURTH MOST RECENT PREGNANCY**

Child's name:	Date of birth:
What type of pregnancy? <input type="checkbox"/> Personal <input type="checkbox"/> Surrogacy	How did you deliver the child? <input type="checkbox"/> Vaginal <input type="checkbox"/> C-section
If surrogacy, number of transfers:	Number of weeks pregnant at delivery:
Child's birth weight:	Location delivered:
Please list any complications during the pregnancy or delivery:	

 **FIFTH MOST RECENT PREGNANCY**

Child's name:	Date of birth:
What type of pregnancy? <input type="checkbox"/> Personal <input type="checkbox"/> Surrogacy	How did you deliver the child? <input type="checkbox"/> Vaginal <input type="checkbox"/> C-section
If surrogacy, number of transfers:	Number of weeks pregnant at delivery:
Child's birth weight:	Location delivered:
Please list any complications during the pregnancy or delivery:	

 **ADDITIONAL BIRTH INFORMATION**

Reasons for cesarean(s), if applicable:

Please provide details of all other births:

Have you ever experienced pregnancy loss?

Date(s):

Experienced loss at week(s):



Wages & Bed Rest

What is your current occupation?

Does your current occupation require you to lift heavy objects over 30lbs?

Yes

No

Does your current occupation expose, or possibly expose you to hazardous chemicals or any other elements that may not be suitable for someone that is pregnant?

Yes

No

If yes, please list all chemicals, elements, etc. that you are or may be exposed to:

Do you need additional childcare if you were put on bed rest?

Yes

No

Will you be eligible to apply for Employment Insurance benefits either if you are on bed rest or after the birth?

Yes

No

I don't know

What is your current net pay per week?

Additional income amount:

Bed rest and work cessation amount:

Expected reimbursement amount: