



Surrogacy UK  
Information  
Support  
Community

Surrogacy UK  
Surrogate Applications  
PO Box 8265  
Matlock  
DE4 9EE  
[admin@surrogacyuk.org](mailto:admin@surrogacyuk.org)

Dear GP,

Applicants Name: \_\_\_\_\_

Applicants DOB: \_\_\_\_\_

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

\_\_\_\_\_

**The above named individual has applied to *become a surrogate/return as a surrogate\** through Surrogacy UK. As part of our thorough assessment criteria we require that the applicant provides a private GP letter. PLEASE ONLY COMPLETE THIS FORM FOR SURROGATES, NOT INTENDED PARENTS.**

To facilitate this, we have enclosed some questions, which we would like you to answer to the best of your knowledge. Your answers to these questions will help us to assess their application.

In addition to the GP letter, the applicant must also undergo a DBS check and a face to face advisory session with one of our experienced Membership Advisors. We have enclosed some questions that will help us assess their application.

If there is a charge for this information, please send an invoice to the above address/email using the reference of the applicant's name. Email would be preferred. **Please include your BACs details.**

If you have any queries, please do not hesitate to contact us or please check our guidance for healthcare professionals at [https://www.surrogacyuk.org/healthcare\\_professionals](https://www.surrogacyuk.org/healthcare_professionals) or the latest Government Best Practice Guide [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/684259/surrogacy-guidance-for-healthcare-professionals.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/684259/surrogacy-guidance-for-healthcare-professionals.pdf)

Yours faithfully

Surrogate Application Team  
Surrogacy UK



**Consent from Surrogate Applicant (This form is only for surrogates, not Intended Parents).**

I, \_\_\_\_\_ give consent for my GP to complete the medical report requested, giving all information that he or she considers relevant for my application to join Surrogacy UK.

Signature: \_\_\_\_\_

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

GPR001-SJ-180416

**Surrogate Application  
Medical Report**

Applicants Name: \_\_\_\_\_

Applicants DOB: \_\_\_\_\_

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

1. Are there any current/active medical conditions that you feel are relevant?
2. Does the applicant take any regular medications? If yes, please list them below.
3. Is the applicant rubella immune?
4. Date the applicant's last smear test was carried out:





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11. Does the applicant have a history of alcohol/drug misuse? If yes, is that an ongoing problem?

12. Does the applicant smoke?

13. Do you have any other concerns regarding the applicant carrying a pregnancy or her suitability of the applicant to become a surrogate?

14. Any other comments

GP Name: \_\_\_\_\_

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

GP Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form via email/post to the address below and mark this report with your practice stamp:-**

[admin@surrogacyuk.org](mailto:admin@surrogacyuk.org)

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PO Box 8265  
Matlock  
DE4 9EE

Surrogacy UK

To create, complete and support families through ethical surrogacy