



Surrogacy UK

Information  
Support  
Community

Surrogacy UK  
IP Applications  
PO Box 323  
Hitchin  
Hertfordshire  
SG5 9AX

[membership.secretary@surrogacyuk.org](mailto:membership.secretary@surrogacyuk.org)

Dear GP,

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

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

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

\_\_\_\_\_

**The above named individual has applied to become an intended parent through Surrogacy UK. As part of our assessment criteria we require that the applicant provides a GP letter. PLEASE ONLY COMPLETE THIS FORM FOR AN INTENDED PARENT, NOT A SURROGATE.**

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 the case of an intended mother, we require confirmation that she is unable to carry a pregnancy to term or that IVF is not a viable option.

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 may request details from their fertility specialist (if applicable).

If you have any queries, please do not hesitate to contact us or visit <https://surrogacyuk.org/resources-for-professionals/>.

Yours faithfully

Intended Parent Application Team  
Surrogacy UK

Surrogacy UK

To create, complete and support families through ethical surrogacy



**Consent from intended parent applicant: (This form is for intended parents only, not surrogates).**

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: \_\_\_\_\_

## Intended Parent Application Medical Report

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

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

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

\_\_\_\_\_

1. Is the applicant male or female? (If male please skip to question 6)
2. Is the applicant unable to carry a baby themselves?
3. Please detail the reasons the applicant is unable to carry a baby themselves
4. Please detail any fertility testing and treatment the applicant has undergone





Surrogacy UK

Information  
Support  
Community

13. Does the applicant smoke?
14. Do you have any other concerns regarding the applicant or the suitability of the applicant to go through a surrogacy journey?
15. 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:-**

**PLEASE NOTE THE APPLICANT SHOULD PAY FOR ANY CHARGES INCURRED IN THE COMPLETION OF THIS REPORT**

[membership.secretary@surrogacyuk.org](mailto:membership.secretary@surrogacyuk.org)

Surrogacy UK

IP Applications

PO Box 323

Hitchin

Hertfordshire

SG5 9AX

Surrogacy UK

To create, complete and support families through ethical surrogacy