

Dear GP,

Applicants Name: _____

Applicants DOB: _____

Applicants Address: _____

The above named individual has applied to *become a surrogate/return as a surrogate through SurrogacyUK. 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.

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. **We will only make payment if we have received a completed application from the patient first.** Email would be preferred. **Please include your BACs details.**

If you have any queries, please do not hesitate to contact us or please check the guidance for healthcare professionals at <https://surrogacyuk.org/resources-for-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

Yours faithfully

Surrogate Application Team
SurrogacyUK

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:

5. Does the applicant have any significant past medical history that you feel may impact on their ability to undergo fertility treatment/carry a pregnancy?

6. Does the applicant have any past psychiatric history such as low mood, anxiety, post-natal depression etc? If so, do you feel that this is an ongoing problem? If yes, in your judgement is it an ongoing problem that will affect their ability to undergo fertility treatment / carry a pregnancy?

7. Does the applicant have any history of sub/infertility?

8. Does the applicant have any history of pregnancy related disease e.g. cholestasis, VTE, gestational diabetes, hypertension, preeclampsia?

9. Does the applicant have any history of problems during delivery?

10. As far as you are aware, are there any social concerns relating to the applicant or their children that would be relevant e.g. history of domestic abuse, social services involvement, CAF procedures etc?

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

SurrogacyUK
Surrogate Applications
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Matlock
DE4 9EE