

Updated August 2022

Please complete this form if you are applying to be a surrogate with SurrogacyUK.

HOW TO COMPLETE THIS FORM:

1. Complete Sections One, Two, Three and Four.
2. Complete and sign the declaration at the end of Section Four.
3. Ask your GP to complete Section Five.

You do not usually need an appointment for this. If your doctor needs to see you, they will let you know. Your doctor may charge a fee for this service. They can invoice SurrogacyUK directly, or you can pay for this in advance and SurrogacyUK will reimburse you.

All information is held in accordance with SurrogacyUK's GDPR policy.

SurrogacyUK will not necessarily refuse your application based on current or previous health problems.

This form will also assist us in providing additional support to you throughout your surrogacy journey (if required).

If you need any help completing this form email surro.applications@surrogacyuk.org

Please return this form to:

**Surrogate Application Manager
SurrogacyUK
PO Box 8265
Matlock
DE4 9EE**

Scanned forms may be emailed to surro.applications@surrogacyuk.org

SECTION ONE – CONTACT DETAILS

Applicant full name:

Applicant date of birth:

Applicant address:

GP name:

Surgery name and address:

Surgery telephone number:

SECTION TWO – HEALTH

NOTE: Please complete this section if you are applying to be a surrogate with SurrogacyUK. All questions must be answered in full.

Do you smoke? **Yes** **No**

Do you drink alcohol? **Yes** **No**

What is your average intake of alcohol per week in units (1 unit = a small glass of wine of ½ pint of beer)

Health & Wellness Report for Surrogates



Height:

Weight:

Current BMI:

NOTE: If you answer **YES** to any of the following questions please give full details in the comments section below.

- Do you have any medical conditions at the moment? **Yes** **No**
- Have you had any medical conditions in the past? **Yes** **No**
- Do you have any mental health issues at the moment? **Yes** **No**
- Have you had any mental health issues in the past? **Yes** **No**
- Do you have any genetic/hereditary conditions? **Yes** **No**
- Have you ever been refused insurance because of your health? **Yes** **No**
- Have you ever had any exclusions applied to an insurance policy? **Yes** **No**
- Have you ever taken recreational drugs? **Yes** **No**
- Do you have any beliefs that would impact on medical treatment? **Yes** **No**
- Are you taking any medication? **Yes** **No**

Please detail below:

Medication Name	Reason for Medication	Dosage	Length of time taking medication

If you answered **YES** to any of the above questions please give additional details:

If you answered **YES** to any of the above questions please give additional details:

SECTION THREE – FERTILITY & PREGNANCY

NOTE: If you answer **YES** to any of the following questions please give full details in the comments section below.

- | | | | | |
|--|------------|--------------------------|----|--------------------------|
| Have you experienced any issues with your fertility? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you had any fertility testing? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you ever had a miscarriage? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you ever had a termination? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you currently use contraception? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you ever been advised against having fertility treatment? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If you answered **YES** to any of the above questions please give additional details:

How many pregnancies have you had?

How many live births have you had?

How many full term births have you had?

How many vaginal births have you had?

How many c-sections have you had?

Were there any complications during your pregnancies?

Yes

No

Please detail any complications you had during your pregnancy, labour, birth or post-natally:

Have you experienced post-natal depression?

Yes

No

Have you experienced any other pregnancy related emotional issue?

Yes

No

Please detail your experience with post-natal depression/pregnancy related emotional issues and any treatment you received:

SECTION FOUR - SOCIAL

NOTE: If you answer **YES** to any of the following questions please give full details in the comments section below.

- Do any of your children live with someone other than you? **Yes** **No**
- Have Children & Family Services ever been involved with your family? **Yes** **No**
- Has there ever been any domestic violence in your household? **Yes** **No**

If you answered **YES** to any of the above questions please give additional details:

STATEMENT OF DECLARATION

We will use the information that you and your GP give on this form to help make a decision in regard to your suitability to act as a surrogate.

I understand that this is how SurrogacyUK will use this information.

I consent to my GP sharing my health information with SurrogacyUK for the purpose of assessing my suitability to act as a surrogate.

I declare that to the best of my knowledge the answers given to the questions above are full and correct. I agree to notify SurrogacyUK of any significant changes to my health.

Signed:

Print name:

Date:

EXPLANATORY NOTES FOR THE GENERAL PRACTITIONER

The applicant is applying to act as a surrogate through SurrogacyUK.

SurrogacyUK undertakes reasonable checks to ensure that surrogates are fit and well enough to undertake a surrogacy journey, and that they are eligible to undertake possible fertility treatment in the UK.

This report helps us to gain an understanding of the applicant's:

- Physical, mental and emotional wellbeing.
- Fertility and obstetric history.
- Social history.

In addition to this report SurrogacyUK ensures that the applicant will have undertaken a criminal background check (DBS), a home visit and an interview with one of our advisors.

To help us reach a decision, please complete Section Five of this form. The applicant has consented to this and understands we will use this information to assess their suitability to act as a surrogate.

No physical examination is required. SurrogacyUK only requires factual information from the applicant's records.

If there is a charge for this information please include your details in the payments section of the form. This is our preferred method of payment. However, if you require the applicant to pay directly please inform them of this.

THIS FORM SHOULD BE RETURNED NO LATER THAN 14 DAYS AFTER PAYMENT IS RECEIVED.

Should you have any queries please contact surro.applications@surrogacyuk.org.

Thank you for your help.

SECTION FIVE – GP INFORMATION

Do you have the applicant’s medical records from birth?

Yes No

Are the applicant’s records for a continuous period?

Yes No

If no, please state what date the records start from, and detail any gaps in the records:

Does the applicant have any medical conditions or medical history that you feel are relevant to their suitability to act as a surrogate?

Comments:

Does the applicant take any regular medications?

Yes No

Please detail below:

Medication Name	Reason for Medication	Dosage	Length of time taking medication

Is the applicant rubella immune?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
Does the applicant have any history of sub/infertility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
Does the applicant have history of drug/alcohol misuse?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
Does the applicant smoke?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	<input type="checkbox"/>

Comments:

Has the applicant had a smear within the last 3 years? Yes No Unknown

What date was the applicant's last smear and what were the results?

Comments:

Does the applicant have any past psychiatric history such as low mood, anxiety, post-natal depression etc?
In your judgement, do you feel it will affect their ability to undergo fertility treatment and carry a pregnancy?

Comments:

Does the applicant have any history of pregnancy related conditions eg cholestasis, VTE, gestational diabetes, hypertension, preeclampsia?

Comments:

Does the applicant have any history of complications during delivery?

Comments:

To the best of your knowledge, are there any social concerns relating to the applicant or their children that would be relevant eg history of domestic violence, Children & Family Services involvement, CAF procedures etc?

Comments:

Do you have any other concerns regarding the applicant's suitability to act as a surrogate?

Comments:

GP VERIFICATION

Official Stamp:

GP Name:

Signature:

GMC Ref No:

Date:

PAYMENT DETAILS

Paid by Applicant:

To be paid by SurrogacyUK:

Amount to be charged:

BACS Details:

PAYMENT TERMS

Our payment terms state that this form **MUST** be completed and returned to SurrogacyUK no later than 14 days after payment is received.

