

Alta Bates
In Vitro Fertilization Program

Egg Donor Questionnaire

Today's Date: _____

Name: _____ Birthdate: _____

Social Security #: _____ Drivers License# _____

Address: _____

Daytime Phone# _____ Evening _____ Cell _____

What is the best time to reach you? _____

Do you work outside of the home? _____

If so, what is your occupation: _____

Are you married? _____ For how many years? _____

1. What is your age? _____ Ethnic Background? _____

Height? _____ Weight? _____ Eye color _____ Hair color _____

2. How many times have you been pregnant? _____

3. How many children do you have? _____ Their ages? _____

4. Are you in good health? _____

5. If not, what health problems do you have? _____

6. What is your blood type? _____

7. Are you currently taking any medications? _____ If so, please list them: _____

8. What method of birth control do you use? _____ If you are using birth control pills, date first pill taken this cycle _____
9. Do you have regular periods? _____ First date of last menstrual cycle _____
10. Do you have health insurance: yes / no
11. Why do you want to become an egg donor? _____

12. Did you graduate from High School? _____ Year _____
13. Did you attend College? _____ Where? _____
 What degree(s) do you have? _____
14. What are your hobbies and interest? _____
15. Do you smoke? _____
16. Are there any serious health problems in your family (including parents and grandparents) _____ Please Explain: _____

17. Is there anything else you would like us to know about yourself? _____

Please send the completed questionnaire to:

R.J. Chetkowski, M.D., Inc.
Alta Bates In Vitro Fertilization Program
2999 Regent Street #101-A, Berkeley CA 94705
Tel: (510) 649-0440

or by confidential fax to: **(510) 649-8700**