

FORM FOR INTENDED PARENTS



Dear GP / Fertility Specialist

Your patient: Name(s) _____

Date of birth _____

Address _____

has/have applied to join Surrogacy Australia's Support Service (SASS) in the hope of having a child through surrogacy. He/she will be using gestational surrogacy where the child is not genetically related to the surrogate. This Support Service facilitates better education, screening and introductions of both surrogates and Intended Parents. It is not a matching service.

The process of going through surrogacy is challenging both mentally and physically, and the interests of the potential child are paramount. In Australia, surrogacy is only suitable when all other options for having a baby have been exhausted, or pregnancy is not medically advisable for the couple/person.

For this reason we would like to request a report detailing any relevant medical history. This should include the medical reasons why the person/couple is/are hoping to have a child through surrogacy.

If the person/couple already have confirmation from their Fertility Specialist that they are eligible for surrogacy, then a brief report will suffice. If the person/couple is/are a single male or a same sex male couple, or have not yet engaged with a Fertility Specialist, then they will need to have an in person consultation with their GP to discuss surrogacy, and the report is to be done **during** that consultation. The conversations that you will have together are in themselves important.

In addition to the GP/Fertility Specialist report, all applicants must also undergo a National Police check and a face-to-face advisory session with an experienced Intended Parent from our community who has completed surrogacy in Australia. If necessary, the applicant can have some pre-surrogacy counselling with one of our experienced surrogacy psychologists to help them further discuss if surrogacy is the right path for them.

If the patient has any significant past medical history, please indicate if you feel a report from a specialist, or any further specialist assessment, may be necessary. If you have any queries please do not hesitate to contact us at sass@surrogacyaustralia.org or check our website for more information, www.surrogacyaustralia.org

Submission is with a scanned report directly to sass@surrogacyaustralia.org either at the end of the consultation or within a few days, to allow time for reflection / amendments by the GP/specialist.

Yours faithfully

Anna McKie
Surrogate / IP Support Manager

Consent from Intended Parents (This form is only for Intended Parents, not surrogates)

CONSENT: I/we, _____, give consent for my/our GP/specialist to complete the medical report requested above, giving full details of all information that he/she considers relevant for my application to join Surrogacy Australia's Support Service (SASS).

Signature: _____

Date: _____

Signature: _____

Date: _____

Intended Parent Application
Medical Report

Applicant's Name(s): _____

Applicant's DOB(s): _____

Applicant's Address: _____

Please choose all that apply. The applicant(s):

___ is a single male or a same sex male couple and are deemed as 'socially infertile'.

___ is unlikely to become pregnant, be able to carry a pregnancy or give birth due to a medical condition. Please outline the medical condition in your report.

___ Further assessment needed by an Obstetrician / other specialist _____

Please write a referral.

___ Further assessment needed by a Psychologist.

(this can be arranged by SASS with an experienced, qualified surrogacy psychologist)

Please return this page with your medical report.

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