

FORM FOR SURROGATES



Dear GP

Applicant's Name: _____

Applicant's DOB: _____

Applicant's Address: _____

The above named individual has applied to become a gestational surrogate through Surrogacy Australia's Support Service (SASS). This Support Service facilitates better education, screening and introductions of both surrogates and Intended Parents. It is not a matching service.

As part of our thorough assessment criteria we require that the applicant provides a private GP report (attached). Please only complete this form for surrogates, not Intended Parents (IPs).

This report needs to be completed with the GP and the surrogate **together**. The conversations that you will have together are in themselves important.

To facilitate this, we have enclosed some questions which we would like you to answer to the best of your ability. Your answers to these questions will help us to assess their application.

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

If there is a charge for this consult, please send an invoice to the email below, using the reference of the applicant's name. **Please include your EFT details.** Alternatively, the surrogate can forward the invoice for the consult with **her** EFT details for reimbursement. Surrogates receive no financial gain for altruistic surrogacy and neither should they be 'out of pocket'. SASS is a free service for surrogates and we therefore pay for this GP consult for them.

Please complete the report in person together. 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.

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

Yours faithfully

Anna McKie
Surrogate / IP Support Manager

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 Australia's Support Service (SASS).

Signature: _____

Date: _____

Surrogate Application
Medical Report

Applicant's Name: _____

Applicant's DOB: _____

Applicant's Address: _____

1. Are there any current/active medical conditions that you feel are relevant?

2. Does the applicant take any regular medications?

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?

(***Broadly speaking***, if the applicant were healthy enough to carry another pregnancy, they would be suitable to be a surrogate.)

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, DVT, 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, child protection services involvement 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 to become a surrogate?

14. Any other comments

15. Please choose one of the following:
 - Suitable to be a surrogate
 - 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)

The costs of further assessments will be covered by SASS, not the surrogate.

GP Name: _____

Practice Address: _____

Please return this form via email:
anna@surrogacyaustralia.org

On the following pages, we ask for the potential surrogate to tell us about her **previous pregnancies**. This includes pregnancies that ended in a miscarriage or termination.

There is a full page form for each pregnancy that she has had. There are enough for 4 pregnancies here; if you need more, either just print out another copy of the page, or write your answers on a blank sheet of paper.

This part of the application can be done during the consult between potential surrogate and GP, where they complete the first part of the application, **OR** by the surrogate herself **before** the GP consult.

PREGNANCY NUMBER: _____	In which year were you pregnant? _____
Did you have any problems becoming pregnant?	Yes / No
<p>Did you have a live birth? If yes, please answer the following questions: At how many weeks did you deliver? Was it a vaginal birth or Caesarean? Were there complications for you during the pregnancy or delivery? Were there complications for you after the birth? Were there complications for the baby during the pregnancy or delivery? Were there complications for the baby after the birth?</p>	<p>Yes / No</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Did you have a miscarriage? If yes, please answer the following questions: At how many weeks did you miscarry? Were there any complications for you after the miscarriage? Was a cause ever found for the miscarriage?</p>	<p>Yes / No</p> <hr/> <hr/> <hr/> <hr/>
<p>Did you have a termination? If yes, please answer the following questions: At how many weeks did you have a termination? Were there any physical complications for you? Did you receive any counselling at the time? How do you feel about the termination now?</p>	<p>Yes / No</p> <hr/> <hr/> <hr/> <hr/> <hr/>

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