

EGG DONOR PROGRAM: Initial Questionnaire

Contact Information	
Name:	Today's Date:
Phone:	Email:

Personal Information	
Date of Birth:	Race/Ethnicity:
Height:	Weight:
Natural Hair Color:	Eye Color:

Health Information
Describe your current health status (Specify medications, illnesses, etc.):
Describe your personal medical history (Specify surgeries, past medications, diagnoses, etc.):
Do have a history of genetically transmittable diseases, cancer, substance abuse, chronic medical condition, prior chemotherapy or radiation therapy, or any unusual anesthesia risks?

Thank you for your interest in becoming an egg donor at Bethesda Fertility Center

*Please email the completed questionnaire to the Egg Donor Program at
donorprogram@bethesdafertility.com with the subject heading
"Egg Donor Initial Questionnaire"*