

Donor Services

Please return completed questionnaire
Along with a color photograph of yourself to:

Recipient Questionnaire

DonorServices@aol.com
212-665-5559

Name of Recipient & Partner: _____ Date: _____

Date of Birth: _____ Current Age: _____ Email Address: _____

Address: _____

Work #: _____ Home #: _____ Cell #: _____

Your IVF Physician: _____ Office Phone Number: _____

Office Address: _____

Your Race: _____ Religion: _____

Heritage of the recipient (ie: Portuguese/French/African):

Height: _____ Weight: _____

Build: Extra Small Small Medium Large Extra Large

Skin Tone: Fair Medium Olive Dark

Freckles? None Few Numerous

Color of Eyes: _____ Corrective Lenses? Yes No

Natural Color of Hair: _____

Hair Texture (Check all that apply):
 Straight Wavy Curly Thin Thick Fine Coarse Frizzy Kinky

Level of Education: _____

Degrees Attained: _____

Occupation: _____

Would you consider yourself technically or mechanically inclined?

Areas of interest/Talent/Hobbies:

Are you predominantly emotional/artistic or analytical/logical?

If you're seeking a donor similar to you in personality, please describe your personality:

Do you speak more than one language fluently? _____

How would you rate the answers to these questions?	Most Important	Important	Not Important
How important is the donor's physical appearance?			
Does the hair or eye color of the donor have to be the same as yours?			
Does the donor's height have to be the same as yours?			
Is the donor's religion important to you?			
Is the donor's past grade point average important to you?			
How important is it for your donor to have higher education?			
Is the donor's professional background important to you?			
Is the donor's motivation for egg donation important to you?			
Is the donor's sexual orientation important to you?			
Is the donor's family history important to you?			

If there are attributes that we have not mentioned, that you would like your donor to share, please indicate what they would be:

Comments: