

**FERTILITY SPECIALISTS OF DALLAS**  
**8315 Walnut Hill Lane, Ste. 225**  
**Dallas, TX 75231**  
**Phone 214-750-5500 Fax 214-550-5540**

**EGG DONOR SCREENING QUESTIONNAIRE**

Thank you for your interest in the Fertility Specialists of Dallas egg donor program. Please take few minutes to answer the following preliminary questions and send back to us. If you meet the basic criteria for egg donation, we will ask you to complete an in-depth medical and personal history questionnaire.

Your name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email address \_\_\_\_\_

Date of birth \_\_\_\_\_

Marital status single \_\_\_\_\_ married \_\_\_\_\_ divorced \_\_\_\_\_ separated \_\_\_\_\_

What is your highest level of education? \_\_\_\_\_

What is your occupation? \_\_\_\_\_

What is your ethnic background? \_\_\_\_\_

Are you or have you ever been a smoker? \_\_\_\_\_

If you have quit smoking, when did you last smoke? \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Are you currently taking any medications? \_\_\_\_\_

If yes, please list \_\_\_\_\_

Do you have any illnesses or medical conditions for which you are being treated?

\_\_\_\_\_

If yes, please  
explain \_\_\_\_\_

\_\_\_\_\_

Is there a history of birth defects in your family? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Have you ever been pregnant? \_\_\_\_\_

If yes, please list dates and outcome \_\_\_\_\_

\_\_\_\_\_

Are your menstrual periods regular? \_\_\_\_\_

Do you have both of your ovaries? \_\_\_\_\_

Have you ever donated eggs before? \_\_\_\_\_

If yes, how many times? \_\_\_\_\_

Are you currently registered with another practice or agency for egg donation?

\_\_\_\_\_

Thank you for completing this form. We will contact you as soon as we have reviewed it to let you know if you meet our initial requirements.