



PAULA

NAVIDAD PAULA

UNA FERIA
PARA REGALAR

DEL 5 AL 8 DE
DICIEMBRE

PARQUE
ARAUCANO

Guía de stands
y actividades

HOROSCOPO
2014

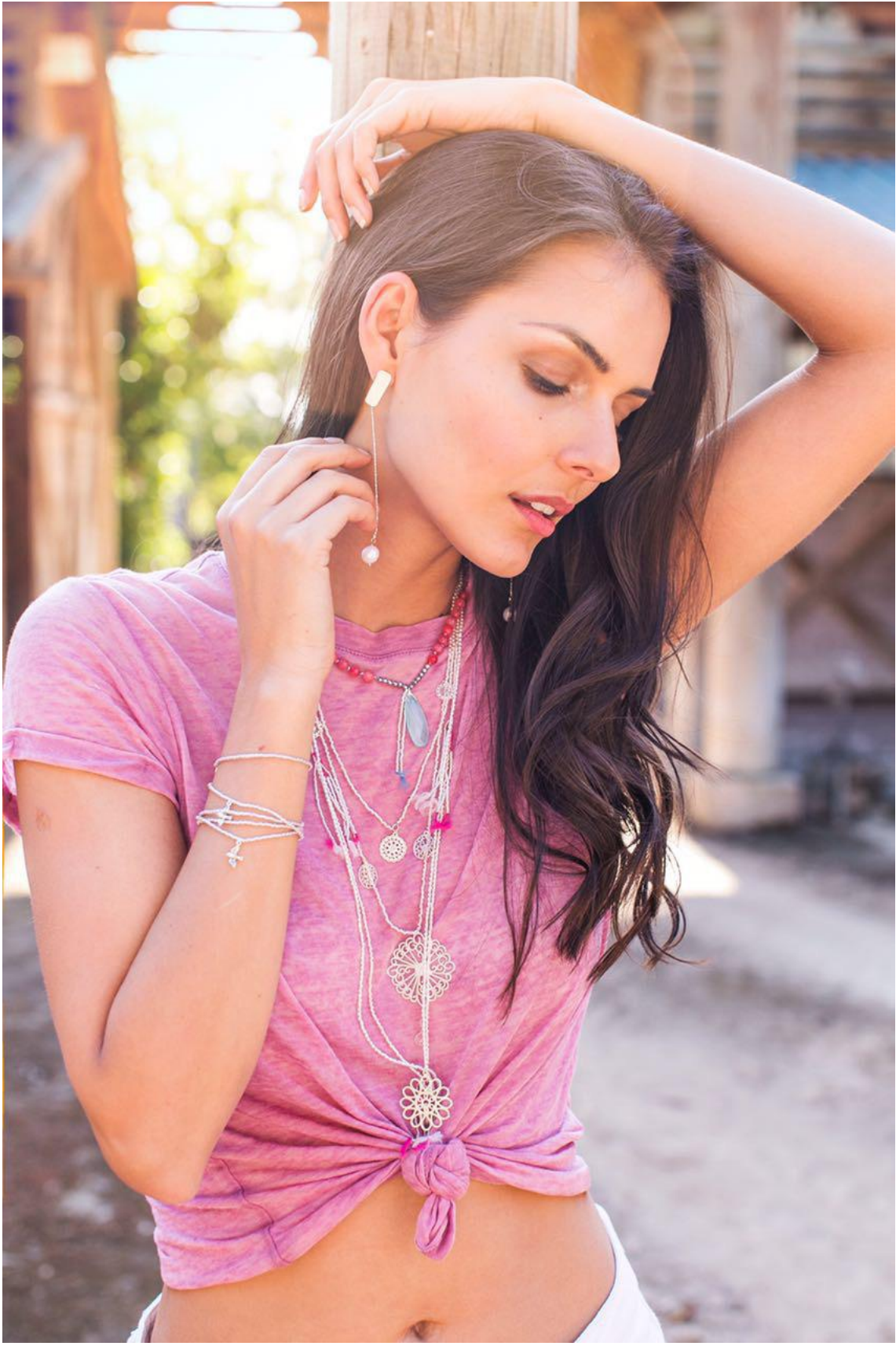
COCINA DE
CELEBRACIÓN

MODA PARA
LAS FIESTAS

DICIEMBRE 2013 \$ 2.500











Please choose a pseudonym for your profile: KI HOPE

Date of Birth: 24/09/1990

Height: 1.77 **Weight (lbs):** 119,05 lbs

Hair Color: Brown **Eye Color:** Green

Ethnic Origin: European

Maternal Heritage: Brazilian **Paternal Heritage:** German

Blood Type: —

Highest Level of education College student - Architecture

What college(s) or university(ies) have you attended? USP - Universidade de São Paulo

Do you have any artistic abilities? Please List: Theater, dance, photography

Do you have any athletic abilities? Please list: Artistic gymnastics, dance, volleyball, boxing, yoga, bicycle

What is your current occupation? MODEL and STUDENT

Please describe your personality: Calm, patient, honest, kind, friendly and sincere

Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them?
NO

Have you worn braces? NO

Why do you want to become a donor? TO HELP THE NEXT TO BECOME YOUR DREAMS REALITY

Being a donor is a big responsibility. It requires going to several doctor's appointments, taking injections and having minor out-patient surgery. Do you feel prepared to commit to this process?

YES

Are you open to being matched with all types of families regardless of sexual preference, marital status, ethnicity or sex of the egg recipient? YES

If no, please explain.

If they request it, are you willing to meet your intended parents? YES

Are you open to meeting the child in the future if that is requested? YES

Are you open to exchanging future contact information with your intended Parents(s)? YES

Where did you grow up? IN BRAZIL, IN THE SOUTH

Do you have any siblings? If so, tell us about each of them: YES, DISTANT SIBLINGS

Do you have any children? If so, tell us about each of them: NO

Personal Health History

Any past or current medical problems (including surgeries, accidents, birth defects, depression, etc.)? If yes, please list:

Do you drink alcohol? If yes, how many drinks per week? YES, 2 OR 3 DRINKS PER MONTH

Have you ever been pregnant? If yes, how many times and what was the outcome? NO

Have you ever been a donor before? If yes, did a pregnancy occur? NO

Are you currently taking any medication (for physical or mental health)? If yes, what medications are you on and why? CONTRACEPTIVE PILL

Are you taking any recreational drugs? If yes, what are you taking? NO

Do you smoke? NO

Are your menstrual cycles regular? If no, please explain: YES

Family Medical History

Note: Medical history will be verified. Anything purposefully omitted may result in being dropped from the program. If any of the following has occurred in your family, please list which family member and explain:

Family Genetic History							
Biological Family Member	Sex	Age	Height	Eye Color	Hair Color	Deceased	Occupation
Father	M	54	182	Hazel	Hazel		Military
Mother	F	50	170	Light brown	Hazel		Housewife
Paternal Grandmother	F	83	165	Hazel	Hazel	yes	
Paternal Grandfather	M	91	179	Dark brown	Hazel		Military - Retired
Maternal Grandmother	F	77	172	Black	Hazel		Retired
Maternal Grandfather	M	80	178	Green	Light brown		Retired
Sibling	F	35	170	Green	Blonde		Public official
Sibling	M	25	186	Hazel	Hazel		College Student
Sibling							
Sibling							

Disease/Medical Condition	Check one	To Whom	Passed away?		Age of onset/ Medication	Age at the time of passing
Cancer	No		Yes	No		
Mental Retardation	No		Yes	No		
Autism / Asperger's	No		Yes	No		
Physical Malformation	No		Yes	No		
Paralysis or crippling disorders	No		Yes	No		
Alcohol or Drug Addiction	No		Yes	No		
Cystic Fibrosis	No		Yes	No		
Sickle Cell Anemia	No		Yes	No		
Lupus	No		Yes	No		
Miscarriages, still births, neonatal deaths	No		Yes	No		
High blood pressure, heart attacks or strokes	No		Yes	No		
Memory loss or dementia	No		Yes	No		
Osteoporosis	No		Yes	No		
Arthritis	No		Yes	No		
Allergies	No		Yes	No		
Blood diseases	No		Yes	No		
Diabetes (Specifically Type 1 or Type 2)	No		Yes	No		
Thyroid issues	No		Yes	No		

Disease/Medical Condition	Check one	To Whom	Passed away?		Age of onset/ Medication	Age at the time of passing
Learning disabilities	No		Yes	No		
Seizure or epilepsy	No		Yes	No		
Depression	No		Yes	No		
Panic attacks	No		Yes	No		
Schizophrenia	No		Yes	No		
Bipolar Disorder	No		Yes	No		
ADD or ADHD	No		Yes	No		
Age-related issues	No		Yes	No		
Kidney problems / diseases	No		Yes	No		
Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.	No		Yes	No		
Vision/Sight/Eye Problems	No		Yes	No		