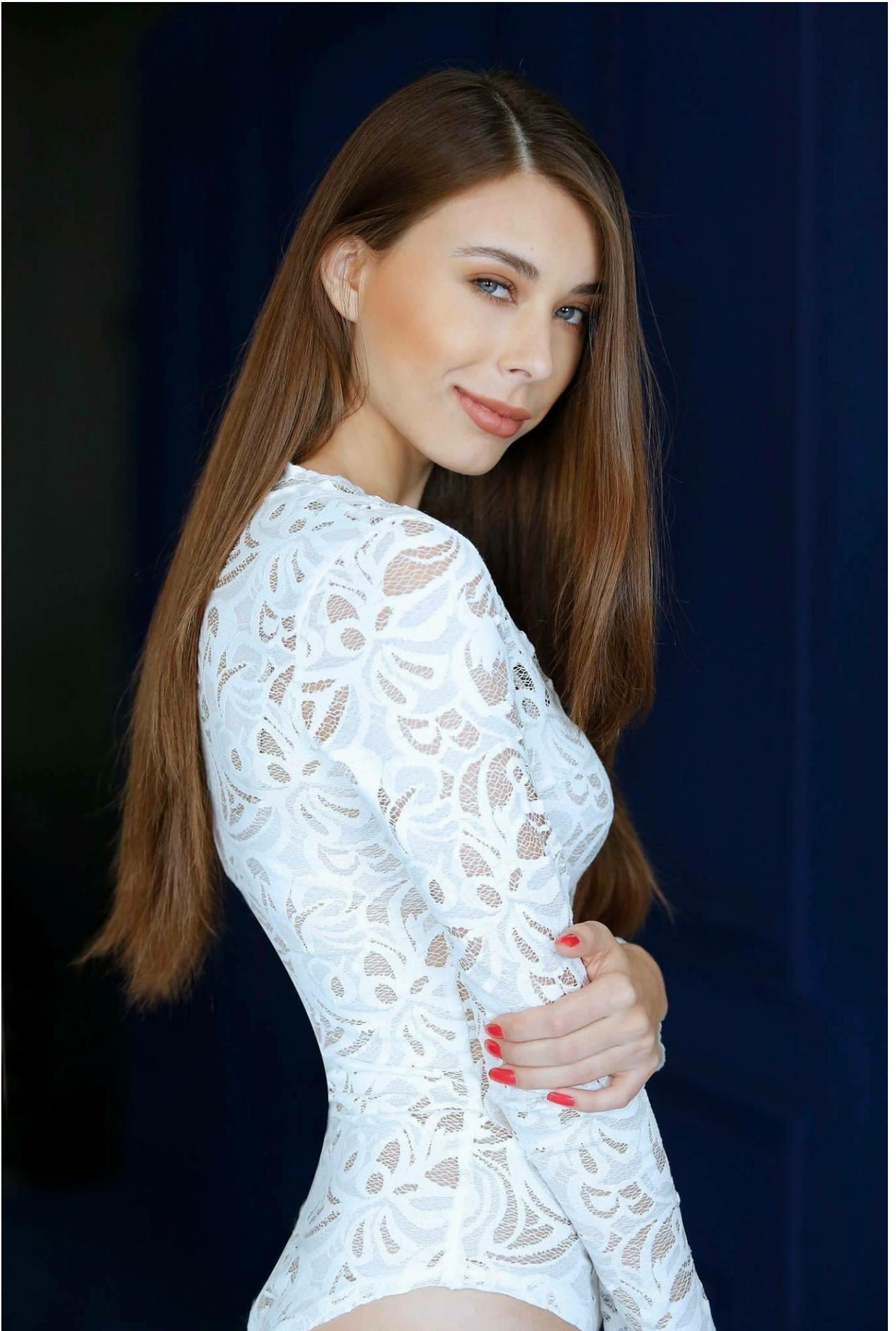




Barbizon





Please choose a pseudonym for your profile: **Prada**

Date of Birth: 7/march /1989

Height: 1,70

Weight (lbs): 55kg

Hair Color: Dark Blonde

Eye Color: greenish blue

Ethnic Origin: Italian/German

Maternal Heritage: brazilian german

Paternal Heritage: brazilian/ italian

Blood Type: O +

Highest Level of education

college 2 nd year

What was your college GPA?

9.6

What college(s) or university(ies) have you attended?

unibrasil

Do you have any artistic abilities? Please List:

making music/ DJ

Do you have any athletic abilities? Please list:

All kind of exercises

What is your current occupation?

model and music composite

Please describe your personality:

calm , quiet and observant

Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them?

never

Have you worn braces?

never

Why do you want to become a donor?

helping others to have a child

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?
If no, please explain.

yes

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?
no

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

Where did you grow up?
Brazil

Do you have any siblings? If so, tell us about each of them:
just one older brother , 10 years older and he is married

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:
no

Do you drink alcohol? If yes, how many drinks per week?
sometimes , around one time, low tolerance for alcohol

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?

no

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, i take pills for 3 years

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	60	1,70	blue	brown		retired
Mother	F	58	1,65	dark brown	black		retired
Paternal Grandmother	F	na	?	?	?		
Paternal Grandfather	M	Na	?	?	?		
Maternal Grandmother	F	92	1,60	brown	brown		house wife
Maternal Grandfather	M	94	177	brown	brown		retired
Sibling	M	38	1,80	brown	dark brown		consultancy
Sibling							
Sibling							

Family Genetic History						
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		

Disease/Medical Condition	Check one	To Whom	Passed away?		Age of onset/ Medication	Age at the time of passing
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		
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		