Please choose a pseudonym for your profile: Antonela

Date of Birth: 14/10/1993

Height: 1,75   **Weight (lbs): 57kg**

Hair Color: Hazel   **Eye Color: Honey**

Ethnic Origin: Spanish & Italian   Maternal Heritage: Spanish

Paternal Heritage: Italian

Blood Type:

Highest Level of education
College

College Major

What was your college GPA?
Studying Arts

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

Do you have any artistic abilities? Please List:
Dance and Sing

Do you have any athletic abilities? Please list:
Swim and Volleyball

What is your current occupation?
Model

Please describe your personality:
Very Friendly

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?
Make the dream of have a baby to some families happen

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?
Yes

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

Where did you grow up?
Buenos Aires - Argentina

Do you have any siblings? If so, tell us about each of them:
yes I have 3, very good relation with them

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?
no

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:
regular

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	184	Hazel	Hazel		Retired
Mother	F	58	177	Hazel	Hazel		Retired
Paternal Grandmother	F						
Paternal Grandfather	M	81	169	Hazel	Hazel		Retired
Maternal Grandmother	F						
Maternal Grandfather	M						
Sibling	M	31	185	Hazel	Hazel		Lawyer
Sibling	M	28	187	Hazel	Hazel		Lawyer

Family Genetic History							
Sibling	M	26	181	Hazel	Hazel		Student
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		

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