











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

Date of Birth: **May 7th 1990**

Height: **172**

Weight (lbs): **120lb**

Hair Color: **Hazel**

Eye Color: **Green**

Ethnic Origin: **Italian & Spanish**

Maternal Heritage: **Spanish**

Paternal Heritage: **Italian**

Blood Type:

Highest Level of education

Master of Architecture and Engineer - especially of direction of operations

College Major

Universidad Panamericana de Guadalajara

What was your college GPA?

8.7/10

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

Centro Escollar Torre Blanca, Guadalajara - Universidad Panamericana

Do you have any artistic abilities? Please List:

Play Piano, Dance and Modeling.

Do you have any athletic abilities? Please list:

Soccer, VolleyBall, Basket Ball, Hiking, Gymnastics, Horse Riding.

What is your current occupation?

Owner of a Model Agency, Consultant, Engineer.

Please describe your personality:

Strong, Independent, Persistent, Focused, Competitive, Respectful, Expressive, Protective

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?

I love the idea to help other couples to have pretty babies.

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?

I love the idea to meet them!

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

Of course!

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

Definitely!

Where did you grow up?

In Guadalajara - Mexico

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

Yes, two brother and two sisters

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?

Maybe two in a week

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

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	59	180	Green	Hazel		Accountant
Mother	F	56	170	Light Brown	Blonde		Accountant
Paternal Grandmother	F	73	166	Light Brown	Blonde		Retired
Paternal Grandfather	M	75	176	Brown	Brown		Retired
Maternal Grandmother	F	77	168	Green	Hazel		Retired
Maternal Grandfather	M	79	179	Green	Hazel		Retired
Sibling	M	26	177	Green	Hazel		Lawyer
Sibling	M	24	181	Hazel	Hazel		Student
Sibling	F	22	170	Hazel	Hazel		Student

Family Genetic History							
Sibling	F	19	171	Green	Hazel		Student

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		