















Please choose a pseudonym for your profile:

Date of Birth: **21-03-96**

Height: **1,74cm**

Weight (lbs): **125.6**

Hair Color: **brown**

Eye Color: **brown**

Ethnic Origin: **Europea (Portugal)**

Maternal Heritage: **portuguese**

Paternal Heritage: **portuguese**

Blood Type: **i dont know**

Highest Level of education

College Major

What was your college GPA? **High school**

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

In Lisbon, Restelo

Do you have any artistic abilities? Please List:

Yes, paint, sing, puzzle, construction, decoracion and I play chess

Do you have any athletic abilities? Please list:

yes, I do several sports, I learn very easy everything, good coordination, good muscular memory, box, pilates, volley

What is your current occupation? **Modelo**

Please describe your personality:

I am a strong woman, with a strong character, I never give up what I want, I am successful, smart, I like math and love to solve difficult problems, I always like to know more, to learn more, I just did not study anymore because I did not have the opportunity, I love life, I love my family, I'm a faithful person whether it's work or friends, I learn very fast

Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them? **I do not use**

Have you worn braces? **I do not, I have good teeth**

Why do you want to become a donor?

I think everyone deserves the opportunity to be parents, as I want to be a mother in the future, I want to help those who can not

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 I am**

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 I am**

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

It depends, if the parents have doubts of my appearance perhaps but would rather avoid, but always open to negotiate an easy way

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

In fact, I would rather not know, nor know, I do not think it would be healthy for the parents or for the child

Are you open to exchanging future contact information with your intended Parents(s)? **no**

Where did you grow up? **Lisbon, Portugal**

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

We are 5 children, all beautiful, healthy, very smart, I have twin brothers, boy and girl, the older one has green eyes my mother has blue eyes the other 3 has green honey eyes, very good physical

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: **yes**

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