













Please choose a pseudonym for your profile: Bella

Date of Birth:03-02-1993

Height: 1,71

Weight (lbs):51 kg

HairColor: brown

Eye Color: blue

Ethnic Origin: Brazilian

Maternal Heritage: Brazilian

Paternal Heritage: Brazilian

Blood Type:

Highest Level of education – Started architecture university but not finished

College Major

What was your college GPA?

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

Salvador University – Architecture and Urbanism

Do you have any artistic abilities? Please List:

Dancing, design and decoration,fashion,modeling,acting

Do you have any athletic abilities? Please list:

High abilities for a lot of sports like, Marcial arts , Running, Functional Training and other sports in general

What is your current occupation?

I'm model

Please describe your personality:

I'm a person who fight for my dreams I don't give up, I love my family because for me family its the most important thing in the world. I like to travel and make new friends and new adventures, I'm a funny person and I always try see the good side in all the things

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?

First of all for help woman who can't have children of their own and also for financial reasons

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?

No

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)?

No

Where did you grow up?

Salvador – Bahia - brazil

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

Yes I have 3 beautiful and strong 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?

Yes, but only in special occasions

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	Education Level	Deceased	Occupation
Father	M	68	1,80	Black	black	Doctor	yes	Biochemical
Mother	F	52	1,74	brown	Brown	Master	No	Public Policy
Paternal Grandmother	F	85	1,78	Black	black	high	Yes	
Paternal Grandfather	M	83	1,78	Black	Black	high	Yes	
Maternal Grandmother	F	84	1,72	Blue	Blond	high	No	
Maternal Grandfather	M	82	1,74	Green	Blond	High	Yes	
Sibling	F	34	1,75	black	black	Doctor	No	Pharmaceutical
Sibling	F	31	1,77	Brown	Black	High	no	Assistent
Sibling	F	30	1,74	Green	Blond	Doctor	no	Psychology
Sibling								

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

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