













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

Date of Birth: 29/04/1997

Height: 1.75

Weight (lbs): 114 lbs

Hair Color: brown

Eye Color: green

Ethnic Origin: Italian

Maternal Heritage: Italian

Paternal Heritage: Germay

Blood Type: O-

Highest Level of education

College Major YES

What was your college GPA?

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

Do you have any artistic abilities? Please List: PAINT, TO DRAW

Do you have any athletic abilities? Please list: yoga, ballet, gym,run

What is your current occupation? model

Please describe your personality: calm, lovely, peaceful

Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them? no

Have you worn braces? yes

Why do you want to become a donor? i want to help a family to achieve your dreams

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? Brazil**

**Do you have any siblings? If so, tell us about each of them: I have a sister that are studding university, she likes to much to study.**

**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, sometimes**

**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? yes, yes.**

**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	54	1.90	green	brown	university		doctor
Mother	F	52	1.70	honey	blond	university		business woman
Paternal Grandmother	F	80	1.69	green	brown	university		
Paternal Grandfather	M	84	1.88	brown	brown	university		police
Maternal Grandmother	F	83	1.65	honey	blond	university		
Maternal Grandfather	M	-	-	-	-			-
Sibling								
Sibling								
Sibling								
Sibling								

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/ Medication	Age at the time of passing
Cancer	No		Yes No		

<b>Mental Retardation</b>	No		Yes	No		
<b>Autism / Asperger's</b>	No		Yes	No		
<b>Physical Malformation</b>	No		Yes	No		
<b>Paralysis or crippling disorders</b>	No		Yes	No		
<b>Alcohol or Drug Addiction</b>	No		Yes	No		
<b>Cystic Fibrosis</b>	No		Yes	No		
<b>Sickle Cell Anemia</b>	No		Yes	No		
<b>Lupus</b>	No		Yes	No		
<b>Miscarriages, still births, neonatal deaths</b>	No		Yes	No		
<b>High blood pressure, heart attacks or strokes</b>	No		Yes	No		
<b>Memory loss or dementia</b>	No		Yes	No		
<b>Osteoporosis</b>	no		Yes	No		
<b>Arthritis</b>	No		Yes	No		
<b>Allergies</b>	No		Yes	No		
<b>Blood diseases</b>	No		Yes	No		
<b>Diabetes (Specifically Type 1 or Type 2)</b>	No		Yes	No		
<b>Thyroid issues</b>	No		Yes	No		
<b>Learning disabilities</b>	No		Yes	No		
<b>Seizure or epilepsy</b>	No		Yes	No		

<b>Depression</b>	No		Yes	No		
<b>Panic attacks</b>	No		Yes	No		
<b>Schizophrenia</b>	No		Yes	No		
<b>Bipolar Disorder</b>	No		Yes	No		
<b>ADD or ADHD</b>	No		Yes	No		
<b>Age-related issues</b>	No		Yes	No		
<b>Kidney problems / diseases</b>	No		Yes	No		
<b>Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.</b>	No		Yes	No		
<b>Vision/Sight/Eye Problems</b>	No		Yes	No		