



















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

**Date of Birth:** 10/30/1992

**Height:** 1,80 cm

**Weight (lbs):** 141

**Hair Color:** brown

**Eye Color:** green

**Ethnic Origin:** Caucasian

**Maternal Heritage:** portuguese caucasian **Paternal Heritage:** italian caucasian

**Blood Type:**

**Highest Level of education**

**College Major**

**What was your college GPA?** high school completed

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

Ual (london arts university) short courses

public relations/ social media marketing/ public speaking

**Do you have any artistic abilities? Please List:**

acting, dancing, all kinds of sports

**Do you have any athletic abilities? Please list:**

running, swimming, box

**What is your current occupation?**

model, public relation, tv host

**Please describe your personality:**

i really social person, love adrenaline, sports, new challenges...

really good with public speaking, tv hosting...

**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?**

yes

**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, no problems

**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?**

Sao Paulo, Brasil

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

no

**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?**



social, once or twice a week

**Have you ever been pregnant? If yes, how many times and what was the outcome?**

once, and i had an abortion

**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:**

usually 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	65	74.4	brown	brown	university		entrepreneur
Mother	F	60	64	green				teacher
Paternal Grandmother	F	91	66.1	brown		university		
Paternal Grandfather	M	x	67.7	green				
Maternal Grandmother	F	86	63.7	blue				
Maternal Grandfather	M	x	70.0	green				
Sibling								
Sibling								
Sibling								
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		



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

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