



**SOCIAL HISTORY**

Were you born in the United States?  Yes  No  
 If no, where were you born? \_\_\_\_\_

Have you lived outside of the United States  Yes  No  
 If yes, where did you live and for how long? \_\_\_\_\_

Have you ever served in the military?  Yes  No

Do you smoke cigarettes?  Yes  No  
 If yes, how often/how much? \_\_\_\_\_

Do you drink alcohol?  Yes  No  
 If yes, how often/how much? \_\_\_\_\_

Do you use recreational drugs?  Yes  No  
 If yes, how often/how much? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

Do you have any body piercing or tattoos?  Yes  No  
 If yes, when was last piercing or tattoo completed? \_\_\_\_\_

Have you undergone acupuncture in the last year?  Yes  No

Would you be available to come into the office for frequent morning visits during a donation cycle?  Yes  No

Would you be willing to give yourself daily injections for up to five weeks?  Yes  No

Would you undergo the egg retrieval procedure?  Yes  No  
 (process performed via a needle retrieval under IV sedation)

Reason for wanting to donate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you first hear about the Penn Fertility Care Donor Egg Program?

A Friend  Newspaper (specify newspaper) \_\_\_\_\_

Parents Express  Curious Parents

Craig's List  Job Referral Service through University of Pennsylvania

Radio (specify station) \_\_\_\_\_  Internet (specify website) \_\_\_\_\_

Doctor's office (specify location) \_\_\_\_\_

Flyer (location received)  Other \_\_\_\_\_

Have you ever participated in another donor egg program?  Yes  No

**RETURN INFORMATION**

Completed form should be mailed or faxed to: Penn Fertility Care  
 Attn: Donor Egg Program  
 3701 Market Street, Suite 810  
 Philadelphia, PA 19104  
**Fax number:** 215-615-4892

To find out more about the Donor Egg Program, please call Penn Fertility Care at 800-789-PENN or 215-615-4218.