

Pacific Reproductive Services

San Francisco and Pasadena, CA
Donor Info Line: (SF) 415-281-0741, (LA) 626-440-7450
Fax: (SF) 415-863-4358, (LA) 626-432-6869

Donor Initial Application

PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE: DATE: ____/____/____

HOW DID YOU HEAR OF US?

<input type="checkbox"/>	Craig's List	<input type="checkbox"/>	School Advertisement	<input type="checkbox"/>	SF Bay Times	<input type="checkbox"/>	Other
<input type="checkbox"/>	Yellow Pages	<input type="checkbox"/>	Bay Guardian	<input type="checkbox"/>	Friend	<input type="checkbox"/>	

NAME: _____

PRIMARY TEL:(____)____-____ SECONDARY TEL: (____)____-____

EMAIL: _____ BEST TO CONTACT YOU: (AM/PM)_____

ADDRESS: _____ APT#: _____

CITY: _____ STATE: _____ ZIP: _____

ETHNIC BACKGROUND (MOTHER AND FATHER): _____

HEIGHT: _____(FT/IN) WEIGHT: _____(LBS) AGE: _____(YRS)

PROFESSION: _____

LEVEL OF EDUCATION COMPLETED:

<input type="checkbox"/>	High School	<input type="checkbox"/>	College	<input type="checkbox"/>	Post Graduate
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MEDICAL HISTORY

Do you or anyone in your immediate family have a history of:

Mental illness YES____ NO____

Heart disease YES____ NO____

Diabetes YES____ NO____

Birth defects YES____ NO____

Psoriasis YES____ NO____

Alcoholism /substance abuse YES____ NO____

Do you drink alcohol? YES____ NO____

If YES, how many drinks per week? _____

Do you smoke cigarettes? YES____ NO____

If YES, how many cigarettes a day? _____

Do you have access to your biological family's medical history? YES____ NO____

Are you able to make a one-year commitment?
(donating on average once weekly) YES____ NO____

Have you ever had a male sexual partner? YES____ NO____

Have you ever been a donor for a sperm bank? YES____ NO____

How long have you lived in the area? _____ Yrs. _____ Mos.