

# Pacific Reproductive Services

## Donor Application

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Primary Tel: \_\_\_\_\_

Secondary Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Best Time To Contact You: \_\_\_\_\_ (AM/PM)

Address1: \_\_\_\_\_

Address2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Height (Ft/In): \_\_\_\_\_ Weight (Lbs): \_\_\_\_\_

Age: \_\_\_\_\_

Profession: \_\_\_\_\_

Level of Education Completed:  High School  AA  BA  MBA  PhD

Ethnicity (Mother): \_\_\_\_\_

Ethnicity (Father): \_\_\_\_\_

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

Mental Illness  Yes  No

Birth Defects  Yes  No

Heart Disease  Yes  No

Psoriasis  Yes  No

Diabetes  Yes  No

Alcohol/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 per week? \_\_\_\_\_

Do you have access to your biological family's medical history?  Yes  No

Are you able to make a one-year commitment?  Yes  No

(donating on average once per week)

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? \_\_\_\_\_ Years \_\_\_\_\_ Months

How did you hear about us?

- Daily Trojan  Bing  PRS Website  Golden Gate Xpress Newspaper
- Poly Post  Craig's List  Yahoo  Golden Gate Xpress Website
- Friend  Google  Other Search Engine  The Guardsmen