

Janetti Marotta, Ph.D.
Licensed Psychologist
1655 Stanford Ave. Palo Alto, CA 94306
650 494-2347
janetti@janettimarotta.com www.janettimarotta.com

EVALUATION: GESTATIONAL CARRIER

Psychological evaluation is an important part of determining your readiness to become a gestational carrier. This evaluation will help you determine if participation in surrogacy is right for you and provide an opportunity to discuss concerns or questions you may have. Please complete this questionnaire and bring it with you to the appointment. The appointment is approximately 2 ½ hours: 1 ½ hour interview plus approximately 1 hour personality inventory.

Identifying Information

Name

Home address, telephone number, and email address

Age & date of birth

Marital status—time in relationship &/or married

Children--ages

Occupation & past employment

Education

Interests

Medical Health & Life Style

- medical health (please list any issues)
- self-care (diet, exercise, sleep)
- level of stress or responsibility/demands

Background

Do you have a past or present history of (if so please explain)

- legal problems?
- problematic use of drug or alcohol?
- psychiatric problems?
- inpatient or outpatient psychiatric counseling?
- abortion(s)?
- physical or sexual abuse?

Family History

Do you have a past or present history of (if so please explain):

- significant losses or crises
- conflict in relationships
- extended family divorce/step-parents/deaths

Please briefly describe your family of origin and upbringing:

Surrogacy Issues

Why do you want to be a gestational carrier?

How do you feel about carrying a child for someone and do you perceive significant loss or difficulty relinquishing the baby to the intended parent(s)?

Do you intend to openly disclose being a gestational carrier to friends & family, and how would you explain your decision and the pregnancy?

What do you anticipate to be the potential impact on your marital, sexual, parent-child relationship?

What do you anticipate to be the potential impact on your job/career and responsibilities at home?

What kind of relationship do you hope or expect with the child and intended parent(s)?

Do you desire future contact with the child and intended parent(s)?

Are your primary relationships supportive of this venture (family, children, close friends/colleagues)?

The following issues are factors related to matching with the intended parent(s). Please note if the following are acceptable or not acceptable?

- | | | |
|---|------------|----------------|
| • Genetic abortion | acceptable | not acceptable |
| • Selective reduction | acceptable | not acceptable |
| • Twin pregnancy | acceptable | not acceptable |
| • 2 embryos transferred | acceptable | not acceptable |
| • More than 2 embryos transferred | acceptable | not acceptable |
| • Amniocentesis or other screening tests | acceptable | not acceptable |
| • Close relationship w/ intended parent(s) | acceptable | not acceptable |
| • Single, gay, lesbian intended parent(s) | acceptable | not acceptable |
| • Different race or religion intended parent(s) | acceptable | not acceptable |

How many times willing to participate in a fresh or frozen embryo transfer from an IVF cycle?

Complete this portion if you are a friend/family member interested in being a gestational carrier
What is your relationship to the intended parent(s) and how long have you known them?

How would you describe your relationship? Are there unresolved issues that you're aware of?

What are the expectations or agreements around financial compensation? Will there be a trust fund manager?

How supportive is your nuclear and extended family with your decision?

What are your expectations on the relationships between yourself and the child and intended parent(s).

What do you anticipate to be the potential impact on the relationship between yourself and IP(s)?

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Informed Consent for Psychological Evaluation for Surrogacy

Psychological evaluation is an important part of determining your readiness to become a gestational carrier. This evaluation will attempt to help you determine if participation in surrogacy may not be harmful to your mental or emotional health. It will also provide you with an opportunity to discuss any concerns or questions you may have with a mental health professional that specializes in the area of third-party parenting.

I give my written consent for psychological assessment to evaluate my readiness to participate in a surrogacy program/arrangement. Psychological evaluation consists of an interview with Janetti Marotta, Ph.D. who specializes in this area. The interview includes questions about my personal history, current relationships and circumstances, reproductive history and family history. The evaluation also includes the Personality Assessment Inventory (PAI), a widely used measure of personality.

The records of the interview and the PAI will remain in the confidential files of the psychologist, and an evaluation report is forwarded to the referring agency +/-or fertility clinic. I understand that I will not receive feedback from Janetti Marotta, Ph.D. pertaining to the psychological evaluation.

If the psychologist feels that you could benefit from contact with other psychological resources, she will provide referrals for you.

Name	Signature	Date
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I authorize my consent to release information regarding readiness to be a surrogate to the clinic +/-or agency specified above.

Name	Signature	Date
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Informed Psychological Consent

It is impossible to state with any degree of certainty or specificity the psychological implications of your participation as a gestational carrier in a surrogacy program/arrangement.

You have undergone a psychological evaluation which included the PAI, generally acknowledged to be accurate in the assessment of potential personality difficulties and pathology that would make you an inappropriate surrogate candidate. We have discussed feelings and thoughts related to surrogacy so that you can make a responsible and informed decision.

A number of areas of potential difficulty were discussed, including (1) curiosity regarding the potential child or children, (2) the break in the connectedness and continuity traditionally experienced in a parent-child relationship, and (3) possible feelings and questions that may arise in the future.

By signing this document, you acknowledge that you have been informed of some potential psychological risks involved with your participation in a surrogacy program/arrangement to the best of our ability at this time. You acknowledge that you are a willing participant as a gestational carrier and that neither Janetti Marotta, Ph.D. nor anyone else in the program/arrangement has acted in a coercive manner or pressured you to participate in any way.

Name	Signature	Date
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Partner Informed Psychological Consent

It is impossible to state with any degree of certainty or specificity the psychological implications of your participation as a partner in a surrogacy program/arrangement. We have discussed feelings and thoughts related to surrogacy so that you can make a responsible and informed decision.

A number of areas of potential difficulty were discussed, including (1) curiosity regarding the potential child or children, (2) the break in the connectedness and continuity traditionally experienced in a parent-child relationship, and (3) possible feelings and questions that may arise in the future.

Partner's Name	Partner's Signature	Date
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101 DIRECTIONS

- Exit Embarcadero Rd/Oregon Expressway
- Veer toward Oregon Expressway
- Right on El Camino Real (major intersection after underpass)
- Left on Stanford Ave (3rd traffic light--left hand turn lane)
- 1655 Stanford Ave.—between Bowdoin (stop sign) and Amherst

Note: if you mistakenly head West on Embarcadero from 101 instead of on Oregon Expressway turn Left on El Camino and Right on Stanford--this way is equally good.

El Camino Real to 1655 Stanford Ave is approx. 3/4 mile. House is right after Bowdoin (stop sign). Bowdoin is between Harvard (traffic light) and Peter Coutts (traffic light).

1655 Stanford Ave. is next door to the University Lutheran church and the only house on block. Do not try to locate house while driving, as trees and bushes block it from view. Once parked, you will see the house number and walking bridge that enters the property.

Office is in back of house (please do not come to the front door). From walking bridge, continue straight through the gate (business card on gate) into small backyard. You will see an indoor/outdoor waiting room. Please make yourself comfortable on the couch. There's hot water for tea.

280 DIRECTIONS

- Exit Page Mill Rd (head East on Page Mill)
- Left at Junipero Serra/Foothill Expressway
- Right at first light--Stanford Ave.
- 1655 Stanford Ave.—between Bowdoin (stop sign) and Amherst

Junipero Serra to 1655 Stanford Ave. is approx. 3/4 mile. House is right before Bowdoin (stop sign). Bowdoin is between Peter Coutts (traffic light) and Harvard (traffic light).

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