

**Janetti Marotta, Ph.D.**  
Licensed Psychologist  
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## **INTENDED PARENT QUESTIONNAIRE FOR EGG DONATION/SURROGACY**

The Intended Parent Consultation is intended to help you determine readiness in addressing the complex and subtle issues of third-party parenting. This consultation may introduce issues you have not yet considered; address areas of concern; enable you to make informed decisions; and help determine emotional readiness in letting go of the genetic tie and moving on to this family building option.

Please complete this questionnaire and bring it with you to the appointment. The charge for the consultation is \$250. You will receive an invoice for the consultation (\$150) that you can submit to your insurance carrier for potential partial reimbursement if you have the option of seeing an out-of-network provider. You will also receive an invoice that indicates payment of \$250 (consultation and report) for your records. Please pay by check, as credit card payment is not accepted.

Date:

Name(s):

Home address, telephone number, and email address:

Name of report recipient, name of clinic or agency, and address:

What is your age(s) and date of birth?

If in a relationship, how long have you been together or married?

How would you describe your relationship?

Do you have children? If so gender and ages:

What is your occupation(s)?

Apart from fertility concerns, do you have other medical issues? If so, please describe?

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

- legal problems?
- problematic use of drugs or alcohol?
- major psychiatric problems?
- inpatient or outpatient counseling?
- previous abortion(s)?
- significant losses or crises?

Please summarize your infertility history including treatment pursued:

Why are you pursuing egg donation/surrogacy?

Why do you feel ready to move on to this family-building option?

Infertility and its treatment are stressful. From whom do you receive emotional support? What do you do to reduce stress?

Do you have an understanding of the treatment protocol for you and the donor/surrogate?

Are you aware of the following potential issues and know how you intend to address them?

- selective reduction (reduction to a twin pregnancy)? yes no
- number of embryos to transfer (single, double, or multiple embryo transfer)? yes no
- disposition of extra frozen embryos (donate to science, discard, or donate to a couple/individual)? yes no
- amniocentesis? yes no
- pre-implantation genetic diagnosis (PGD)? yes no
- genetic abortion (for medical necessity or quality of life)? yes no

Do you have an understanding of the legal contract for you and the donor/surrogate?

Do you have an understanding of medical and agency fees?

## **EGG DONATION**

Are you aware of donor program options?

Have you chosen a donor program? If so, which program?

What have you decided regarding the following donor selection factors:

- repeat or first-time donor?
- anonymous donor or non-anonymous donor (meeting the donor)?
- personality characteristics deemed important?
- physical characteristics/ethnicity deemed important?
- importance of intelligence/education?
- particular family history concerns?
- willingness to be contacted by your child once he/she turns 18 y/o?

Is your intention to disclose egg donation to your child? Why or why not?

How and when would you choose to disclose to your child?

Is your intention to disclose egg donation to family and friends? Why or why not?

Do you have any moral, legal, religious, or ethical concerns with egg donation?

If your donor is a family member or friend, please describe your situation. Include the closeness of your relationship, if there are unresolved issues, agreement around disclosure, relationship expectations with the child and family, issues delineated in the separate legal contracts. These are particularly important issues when donors are friends or family members, and your relationship is open and ongoing.

## **SURROGACY**

Are you aware of surrogacy program options?

Have you chosen a surrogacy program? If so, which program?

Are you aware of medical and agency surrogacy costs and the need to secure surrogacy covered medical insurance?

What have you decided regarding the following surrogate selection factors:

- repeat or first-time surrogate?
- geographic distance?

- surrogate personality characteristics?
- surrogate family circumstances/demands/responsibilities?
- degree of closeness of surrogacy relationship?

What have you decided regarding the following contract issues:

- selective reduction?
- number of embryos to transfer?
- disposition of embryos (discard, donate to science, donate to individual/couple)?
- amniocentesis and other prenatal screening tests?
- genetic abortion (medical necessity/quality of life)?

Is your intention to disclose surrogacy to your child? Why or why not?

How and when would you choose to disclose to your child?

Is your intention to disclose surrogacy to family and friends? Why or why not?

Do you have any moral, legal, religious, or ethical concerns with surrogacy?

If your surrogate is a family member or friend, please describe your situation. Include the closeness of your relationship, if there are unresolved issues, agreement around disclosure, relationship expectations with the child and family, and issues delineated in the separate legal contracts. These are particularly important issues when surrogates are friends or family members, and your relationship is open and ongoing.

If you are pursuing surrogacy independently (without help from an agency) have you seen sample contracts (so you are aware of issues to include), have you contacted attorneys to work with you, will you have a trust fund manager, do you have a proposed payment schedule, have you delineated covered expenses to be reimbursed, do you have life and medical insurance contacts? Please explain.

I authorize my consent to release information regarding readiness to be a sperm donor to the clinic +/- or agency specified above.

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Name

Signature

Date

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### **Informed Psychological Consent**

I give my written consent for psychological consultation to discuss my plan to participate in an egg donor and/or surrogacy program. I understand that the psychological consultation consists of an interview with a licensed psychologist who specializes in the area of third party reproduction. I understand that as an intended parent from donor eggs and/or surrogacy, that I will be asked to discuss psychological and social issues concerning the use of donor eggs and/or a gestational carrier so that I can make an informed and responsible choice. It is impossible to state with any degree of certainty the long term psychological impact of using an egg donor and/or surrogate. However, we will discuss areas of potential difficulty, including the break in genetic continuity, the offspring's potential curiosity about the donor, a surrogate carrying your child and other possible feelings and questions that may arise in the future. I give my permission for Janetti Marotta, Ph.D. to provide this counseling.

Your clinic and/or agency will ask Dr. Marotta to provide information learned during the consultation so that the medical team may better assist the recipient(s) with the procedure. I give my consent for Dr. Marotta to communicate verbally and in writing with the clinic and/or agency staff. I also understand that the consultation may cover information contained in my medical records. I give my permission for Janetti Marotta, Ph.D. to obtain information from my medical records.

Other than communication with the clinic and/or agency, I understand that Janetti Marotta, Ph.D. will keep communication from the consultation confidential. However, I acknowledge that there are exceptions to confidentiality mandated by law, and that a court can mandate disclosure of otherwise confidential information. I understand that Janetti Marotta, Ph.D. is required by law to report child and elder abuse that comes to her attention and to report indications that an individual intends to take harmful actions against another or his or herself.

I have read the above and understand the content and agree to the conditions as stated. I understand that I am entitled to a copy of this consent form. This consent lasts for one year.

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Name	Signature	Date
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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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