We have a surrogate mother, Jane Doe (BD 1/1/2001), a single woman, whose baby was born 5/30/2019. She had a fertilized embryo implanted in her uterus. The biological parents. John Smith (BD 1/1/1992) and Mary Smith (1/1/1994), are at the birth as well with the surrogate mom. How do we fill out the parent sections? How is the “mother” / “father” question answered? If you decided that it is Jane, what does Mary need to do? How is the “Father” question answered? What if the gestational mom is married?

Jane Doe is in her first year at the local Community College. She was born in Chicago, FL Both She and the biological parents are African American. Jane lives at 123 First St. Chicago FL. 12345, Infant County. Phone #123-456-7890. She was not employed during the pregnancy. While in High School she was a sales clerk in the clothing industry. She declined to name the company.

Mary Smith is working on her PhD on English and teaches at her local Community College. She was born in San Francisco NY. After marrying John they moved to his birth place, Hometown Alaska and reside at 456 Seventh St., 67890

John Smith has his PhD and is also working as a teacher in their Community College.

**Risk Factors in Pregnancy**

\_\_\_ Pregnancy resulted from infertility treatment (if yes, check all that apply)

\_\_\_ Fertility-enhancing drugs, artificial or intrauterine insemination

\_\_\_ Assisted reproductive technology (e.g. IVF, GIFT) **Number of Embryos Implanted:** (if applicable) \_\_\_





|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mother** | | | | | | | | | | | | | | | | | | | | | |
|  | | Medical Record Number: | | | | | | | | | | | | | | | | | | | |
| **Parents** | **Mother’s Demographics** | Mother’s Education: *(select one)*   8th grade or less  Some college credit, but no degree  Master’s degree   9th – 12th grade; no diploma  Associate’s degree  Doctorate degree   High school graduate; or GED  Bachelor’s degree | | | | | | | | | | | | | | | | | | | |
| City of Birth: | | | | | | | | | State/Terr./Province of Birth: | | | | | | | Country of Birth, if not USA: | | | |
| Hispanic Origin:  **Select all that apply**   No, not Spanish/Hispanic/Latina  Yes, Mexican, Mexican American, Chicana  Yes, Puerto Rican   Yes, Cuban  Yes, Other Spanish/Hispanic/Latina | | | | | | | | | | | | | | | | | | | |
| **Specify:** | | | | | | | |  | | | | | | | | | | |  |
| **Mother’s Demographics** | Race:  **Select all that apply**   White/Caucasian  Black or African American  Asian Indian   Chinese  Filipino  Japanese   Korean  Vietnamese  Native Hawaiian   Guamanian or Chamorro  Samoan | | | | | | | | | | | | | | | | | | | |
|  American Indian or Alaska Native **Tribe:**   Other Asian **Specify:**   Other Pacific Islander **Specify:**   Other **Specify:** | | | |  | | | | | | | | |  |  | | | | |  |
|  | | | | | | | | |  |  | | | | |  |
|  | | | | | | | | |  |  | | | | |  |
|  | | | | | | | | |  |  | | | | |  |
| **Mother’s Residence** | **Residence Address** | | | | | | | | | | | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | | |
| State/Terr./Province: | | | County: | | | | | | | | City, Town or Village: | | | | | | | | |
| Zip/Postal Code: | Mother’s Country of Residence, if not USA: | | | | | | | | | | | U.S./Canadian Phone Number:  ( ) – | | | | | | | |
| **Mother’s Mailing**  **Address** | **Mailing Address – Most Recent**   Check here if the mailing address is the same as the residence address *(otherwise enter information below)*  Mailing Address: | | | | | | | | | | | | | | | | | | | |
| City, Town or Village: | | | | | State/Terr./Province: | | | | | Country, if not USA: | | | | | | | | Zip/Postal Code: | |
| **Employment** | **Employment History** | | | | | | | | | | | | | | | | | | | |
| Employed while Pregnant:   Yes  No | | Current / Most Recent Occupation: | | | | | | | | | | | | | Kind of Business / Industry: | | | | |
| Name of Company or Firm: | | | | | | Address: | | | | | | | | | | | | | |
| City: | | | | | | | State/Territory/Province: | | | | | | | | | | Zip / Postal Code: | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Father or Second Parent** | | | | | | | | | | | | | | | | | | |
|  |  | Will the mother and father be executing an Acknowledgement of Paternity?  Yes  No  Not required | | | | | | | | | | What type of certificate is required?   Mother / Father  Mother / Mother | | | | | | | |
|  | **Father‘s or Second Parent’s Demographics** | Parent’s First Name: | | | | | | | | Parent’s Middle Name: | | | | | | | | | |
| Parent’s Current Last Name: | | | | | | | | Last Name on Parent’s Birth Certificate: | | | | | | | | | |
| Parent’s Name Suffix  *(e.g. Jr., 2nd, III)*: | | | Social Security Number:  – – | | | | | | | | | |  | | | | |
| **Demographics** | | | | | | | | | | | | | | | | | |
| Parent’s Date of Birth:  *(MM/DD/YYYY)*  / / | Education: *(select one)*   8th grade or less  Some college credit, but no degree  Master’s degree   9th – 12th grade; no diploma  Associate’s degree  Doctorate degree   High school graduate; or GED  Bachelor’s degree | | | | | | | | | | | | | | | | |
| City of Birth: | | | | | | | State/Terr./Province of Birth: | | | | | | | Country of Birth, if not USA: | | | |
| Hispanic Origin:  **Select all that apply**   No, not Spanish/Hispanic/Latino  Yes, Mexican, Mexican American, Chicano  Yes, Puerto Rican   Yes, Cuban  Yes, Other Spanish/Hispanic/Latino | | | | | | | | | | | | | | | | | |
| **Specify:** | | | | | |  | | | | | | | | | | |  |
| Race:  **Select all that apply**   White/Caucasian  Black or African American  Asian Indian   Chinese  Filipino  Japanese   Korean  Vietnamese  Native Hawaiian   Guamanian or Chamorro  Samoan | | | | | | | | | | | | | | | | | |
|  American Indian or Alaska Native **Tribe:**   Other Asian **Specify:**   Other Pacific Islander **Specify:**   Other **Specify:** | |  | | | | | | | | | |  |  | | | |  |
|  | | | | | | | | | |  |  | | | |  |
|  | | | | | | | | | |  |  | | | |  |
|  | | | | | | | | | |  |  | | | |  |
|  | **Parent’s Residence** | **Residence Address**   Check here if the parent’s residence address is the same as the mother’s address  *(otherwise enter information below)* | | | | | | | | | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | |
| City, Town or Village: | | | | | | | | | | | State / Territory / Province: | | | | | | |
| Parent’s Country of Residence, if not USA: | | | | | | | | | | | | | | | Zip / Postal Code: | | |
|  | **Employment** | **Employment History** | | | | | | | | | | | | | | | | | |
| Current / Most Recent Occupation: | | | | | | | | | Kind of Business / Industry: | | | | | | | | |
| Name of Company or Firm: | | | | Address: | | | | | | | | | | | | | |
| City: | | | | | State / Territory / Province: | | | | | | | | | | | Zip / Postal Code: | |

An added note - In EPIC there is a field that would be selected when the delivering mother is admitted that will indicate “surrogacy”, so that the baby’s chart is not connected to the mother’s chart.  Surrogacy was one of the choices in that field that otherwise is left blank at admission.