

**OREGON REPRODUCTIVE MEDICINE**

**Recipient Profile**

Please complete this form and return to Oregon Reproductive Medicine.

Today's Date: \_\_\_\_\_

Please provide a recent photograph.

Recipient Name: \_\_\_\_\_  
*Last First Middle*

Partner Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_

*City*

*State*

*Zip*

E-mail Address: \_\_\_\_\_

Preferred Contact?

Home Phone: \_\_\_\_\_

OK to leave message:  Yes  No

Patient Work Phone: \_\_\_\_\_

OK to leave message:  Yes  No

Cell Phone: \_\_\_\_\_

OK to leave message:  Yes  No

Partner Work Phone: \_\_\_\_\_

OK to leave message:  Yes  No

Cell Phone: \_\_\_\_\_

OK to leave message:  Yes  No

**Physical & Personal Characteristics**

**Recipient**

**Partner**

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Racial Group  
*(Caucasian, Black, Asian, Hispanic, etc.)* \_\_\_\_\_

Ethnic Background  
*(African, Irish, Chinese, etc.)* \_\_\_\_\_

Skin Color  
*(fair, medium, olive, lt. Brown, dk. Brown, ebony, rosy, freckles, etc.)* \_\_\_\_\_

Hair Color \_\_\_\_\_

Hair Texture & Type  
*(thin, thick, coarse, curly, wavy, straight, etc.)* \_\_\_\_\_

Eye Color \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Body Build \_\_\_\_\_

Blood Type \_\_\_\_\_

**Recipient Profile**

**Please indicate the donor characteristics you prefer:**

Height Range: \_\_\_\_\_ Weight Range: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Education Level:  High School  Some College  4 year Degree  Any

Personality Traits: \_\_\_\_\_

Other: \_\_\_\_\_

**Please rate the following additional characteristics you would prefer in a donor:**

	Most Important	Very Important	Somewhat Important	Less Important	Not Important
Artistic/Musical Ability					
Athleticism					
Blood Type					
Education					
Ethnicity					
Health history					
Intelligence					
Personality Traits					
Physical Characteristics (Similar to Recipients)					
Proven Fertility					
Religion					
Scientific Ability					
Other					