

PARTNER PROFILE

RECIPIENT: _____

Date _____
Name _____
Street Address _____
City/State/Zip _____
E-mail _____
Home phone _____ Other phone _____
Birth Date _____ Age _____ SS# _____

RACE / ETHNICITY

Race (check all that apply), include Known Countries and/or Tribes of Ancestry:

- Caucasian _____
- Hispanic/Latino _____
- African-American/African/Black _____
- Asian-American/Asian _____
- Native American _____
- Other _____

The race or ethnicity you consider your major identity: _____

Ethnicity of Mother _____ Father _____

Religion Born into:

You _____ Mother _____ Father _____

Religion you presently practice _____

Are you adopted? Yes No

EDUCATIONAL BACKGROUND (circle highest level attained)

High School	1	2	3	4	
College/University	1	2	3	4	Degree/Field _____
Post Graduate	1	2	3	4+	Degree/Field _____

WORK

Are you working? Yes No

If yes, what is your job? _____

If this is not your usual work, what is? _____

Does your work expose you to any health hazards like asbestos, radiation, toxic chemicals?

Yes No

If yes, explain _____

PERSONAL

Do you live: alone _____ with a partner _____ roommate(s) _____ children _____

Are you a: renter _____ homeowner _____ other _____

How do you feel about your living situation _____

Do you plan to be the child's parent? Yes No

Do you plan to adopt the child as the second parent? Yes No

If no, explain _____

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Are you and your partner comfortable with Rainbow Flag Health Services' policy of informing you who the donor is when the child is 3 months old so that you may contact him before your child is one year old? Yes No

If no, explain _____

If you have a boy, do you plan to circumcise him? Yes No Unsure

If you have a girl, do you plan to circumcise her? Yes No Unsure

If unsure, would you like information about circumcision? Yes No

Do you have children who live with you? Yes No

How many _____ Ages _____

Do you plan to discuss bringing a baby into your home with the child(ren) who live there now?

Yes No

If your parents are alive, do they have grandchildren? Yes No

Will your parents want to welcome this child as their grandchild? Yes No

Are you and your partner willing to recognize the donor's parents as grandparents if they wish to be so recognized? Yes No Unsure

How much alcohol do you drink?

Not at all _____ once a week or less _____ 2-3 times/week _____ daily or almost _____

Which applies to your alcohol consumption: Please include comments

- when I drink it is usually one or two _____
- when I drink it is usually three or more _____
- when I drink I never get drunk _____
- when I drink I rarely have gotten drunk _____
- when I drink I occasionally get drunk _____
- when I drink I usually get drunk _____
- I get drunk most weekends _____

Do you smoke cigarettes? Yes No

If yes, how much? _____

Do you use other recreational drugs? Yes No

If yes, what and how much? _____

Do you consider yourself an wet alcoholic or active drug abuser? Yes No

Are you in recovery from substance abuse? Yes No

If yes, what substances? _____

How long have you been clean and sober? _____

SAFETY

Do you wear seat belts in the car? Yes No

Do you have a smoke detector in your home? Yes No

Do you have a fire extinguisher in your home? Yes No

Do you have health insurance? Yes No

Will the child be covered by health insurance? Yes No

My partner has health insurance? Yes No