



EMORY REPRODUCTIVE CENTER

FAMILY HISTORY FORM

Egg Donation Program

INSTRUCTIONS: Before completing the attached Family History Form, please read these instructions thoroughly. This form is very important and might take time to complete. Please be as thorough as possible. Several of the categories listed are accompanied by a guide to assist you in completing that section. You should use the guide as much as possible. An example of a completed Family History Form is attached for you to review before starting on your own.

- Ethnicity: African=A, African-American=AA, African-Cuban=AC, Afro-American=AfAm, American Indian=AmIn, Azerbaijani=Aze, Belgian=Bel, Brazilian=Bra, Canadian=Can, Celtic=Cel, Chinese=Chin, Columbian=Col, Cuban=Cub, Czech=Cz, Danish=Dan, East Indian=EInd, Egyptian=Egy, English=Eng, Filipino=Fil, Finnish=Fin, French=Fr, German=Ger, Honduran=Hon, Hungarian=Hun, Icelandic=Ice, Indonesian=Indo, Irish=Ir, Italian=Ita, Japanese=Jap, Jewish=Jew, Jordanian=Jor, Korean=Kor, Latvian=Lat, Lithuanian=Lit, Malaysian=May, Maltese=Mal, Mexican=Mex, Norwegian=Nwgn, Panamanian=Pan, Peruvian=Per, Polish=Pol, Romanian=Rom, Russian=Rus, Salvadoran=Sal, Sicilian=Sic, Slavic=Sla, Slovic=Svc, South African=SA, Spanish=Sp, Sri Lankan=Sri, Swedish=Swe, Taiwanese=Tai, Ukrainian=Ukr, Vietnamese=Viet, Welsh=Wel, West Indian=WI
Eye Color: Black, blue, brown, gray, green hazel
Hair Texture: Fine, average, thick, coarse; straight, wavy, curly (e.g., thick/curly)
Complexion: Fair, medium, olive, dark
Tanning ability: Easy, average, difficult, Burn
Freckles: Few, medium, multiple
Physical Build: Small, medium, large, extra large; thin, average, muscular, overweight, obese (e.g., medium/overweight)
Education: 1=did not complete high school 6=started graduate program but did not finish
2=GED 7=completed graduate program
3=high school graduate 8=completed more than one graduate program
4=some college 9=student
5=completed college
General Health: Excellent, good, fair, poor
Allergies: Please list seasonal allergies and allergies to foods, pollen, animals, medications, etc.
Special Skills: Strong in sports, play multiple musical instruments, dance, sing, etc.



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FAMILY HISTORY FORM (example)

Donor # XXXX

	Mother	Father	Sibling	Sibling	Sibling	Sibling	Mother's Mother	Mother's Father	Father's Mother	Father's Father
Year of Birth	1954	1951	1978	1981	1985		1931	1930	1929	1927
Sex			F	M	F					
Race	Cau	Cau	Cau	Cau	Cau		Cau	Cau	Cau	Cau
Ethnicity	Ir/Ger	Fr/Ita					Rom	Ger	Ger/Ita	Fr
Height	5'6"	5'11"	5'9"	6'2"	5'5"		5'4"	5'10"	5'6"	6'0"
Weight	143#	195#	135#	185#	122#		125#	177#	145#	225#
Eye Color	Green	Blue	Blue	Blue	Green		Green	Blue	Blue	Brown
Corrective Lenses	Yes	Yes	Yes	No	No		Yes	Yes	Yes	Yes
Natural Hair Color	Red	Lt. Brown	Blond	Brown	Red		Red	Brown	Brown	Brown
Hair Texture	Straight	Curly	Curly	Straight	Curly		Straight	Wavy	Curly	Curly
Complexion	Fair	Medium	Medium	Medium	Fair		Fair	Medium	Medium	Medium
Tanning Ability	Burn	Easy	Easy	Easy	Burn		Burn	Easy	Easy	Easy
Freckles	Multiple	Few	Few	Few	Few		Multiple	Few	Few	Few
Physical Build	Small	Medium	Medium	Large	Small		Small	Large	Medium	Extra large
Sex & Age of Children (of each relative)			0	0	0					
Occupation/Career	Homemaker	Doctor	Med student	Accountant	Undecided					
Education	4	5	6	9	9					
General Health	Excellent	Excellent	Excellent	Excellent	Excellent		Good	Good	Fair	Good
Allergies	Penicillin, seasonal	None	None	None	Seasonal		Seasonal	None	Bee stings	None
Hobbies	Gardening, reading	Gardening tennis	Aerobics	Squash	Tennis					
Special Skills	Plays multiple instruments	Plays guitar	Sings	Plays guitar	Plays piano		Singer			



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FAMILY HISTORY FORM

Donor #

	Mother	Father	Sibling	Sibling	Sibling	Sibling	Mother's Mother	Mother's Father	Father's Mother	Father's Father
Year of Birth										
Sex										
Race										
Ethnicity										
Height										
Weight										
Eye Color										
Corrective Lenses										
Natural Hair Color										
Hair Texture										
Complexion										
Tanning Ability										
Freckles										
Physical Build										
Sex & Age of Children (of each relative)										
Occupation/Career										
Education										
General Health										
Allergies										
Hobbies										
Special Skills										
Comments										