

RANDY S. MORRIS M.D.
BOARD CERTIFIED REPRODUCTIVE ENDOCRINOLOGY
AND INFERTILITY

Mental Health Evaluation for Gestational Carrier

Name of proposed gestational carrier: _____

Date of birth: _____

I certify that I am a licensed psychiatrist or psychologist. I hereby confirm that I have performed a mental health evaluation on this gestational carrier candidate.

Date of exam: _____

In my opinion, (please check the appropriate box)

- There are no mental health issues that would preclude this person from becoming a gestational carrier
- I do **not** recommend that this individual become a gestational carrier

Signature of evaluator

Date