

**FACE SHEET - MINOR**  
**Anni Schairer, MFT #89086**  
**1260 Lake Blvd Ste 243, Davis, CA 95616**  
**530-341-2593**  
**anni.schairer.mft@gmail.com**

Name:	Date of Birth:	Gender:
Parent 1 Name:	Parent 2 Name:	
Address:	City/Zip:	
Contact:	Parent 1 Cell:	Is it ok to leave a message on cell?    Yes    No
	Parent 2 Cell:	Is it ok to leave a message at home?    Yes    No
	Parent 1 Email:	Is it ok to contact you by email?    Yes    No
	Parent 2 Email:	Is it ok to contact you by email?    Yes    No

School Minor Attends:

Please list people living in your home(s):

Briefly describe your reason for seeking help for your child *at this time*:

Briefly describe your child's reason for agreeing to therapy, or for choosing therapy:

Any symptoms you are currently noticing in your child (ie, distractibility, easy upset, unusual responses to stress, eating disturbance, sleep issues):

When was your child last examined by a physician?

Please list any significant health problems:

Please list any medications your child is currently taking:

**Emergency Contact:**

Name:

Relationship:

Phone Number:

**CUSTODY AGREEMENT PROVIDED (DATE):** \_\_\_\_\_