

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): _____