

Client General Information

McClellan & Associates
Elizabeth Shin, LCSW
Licensed Psychotherapist (#68344)

14751 Plaza Dr., Suite F
Tustin, CA 92780

w(949) 346-4371 fax(714) 544-4472

Name _____ Date _____

Street _____ City _____ State _____ Zip _____

Home Ph () _____ Work Ph () _____ Cell Ph () _____

Email _____

Referred By: _____

The fee for counseling services is \$ _____ per 55 minute session. This is to be rendered at time of service. Forty-eight hour cancellation is required to avoid being charged for the scheduled appointment. The purpose of our initial consultation is to determine your needs and to help you decide what form(s) of psychological consultation may be desirable and most beneficial for you. Please read over and sign the Informed Consent form provided to you. Please feel free to ask any questions if something seems unclear or not completely understood.

Reason for seeking consultation: _____

I have read and understood the above parameters for this consultation. I am 18 years or older, or the legal guardian of the person named above.

Signature _____ date _____