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NEW CLIENT INFORMATION

Please fill out this biographical background form to help your therapist have a better understand and make their best approach. All information is confidential as outlined in the Office Policy form. Leave blank any answers you wish not to respond to. Please print and bring it with you to your first session.

NAME _____ DATE _____

STREET _____ CITY _____ STATE _____ ZIP _____

PRIMARY CONTACT PHONE _____ CELL PHONE _____

WORK PHONE _____ EMAIL _____

REFERRED BY _____

The fees for counseling services vary according to the type of session (individual or couples/group) and the therapist (licensed or associate). See website page, "Fees and Forms" or call office for more information. It is to be rendered at time of service. A 48 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 feel free to ask any questions.

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 _____