

# Welcome to Your Mental Health Journey

Dear [Patient Name],

Welcome to [Practice Name]. We are honored that you have chosen us to support you on your path toward wellness and mental health recovery.

Taking the first step toward mental health support is often the most significant part of the journey. Our team is committed to providing you with a safe, confidential, and non-judgmental environment where you can work toward your personal goals.

## What to Expect for Your First Appointment:

- **Date and Time:** [Date] at [Time]
- **Provider:** [Provider Name]
- **Location/Link:** [Physical Address or Telehealth Link]
- **Duration:** Approximately [Number] minutes

## Next Steps:

Please ensure that all intake forms sent via [Portal Name/Email] are completed at least 24 hours before your session. This allows your provider to review your history and focus entirely on your needs during your meeting.

## Our Commitment to You:

Your mental health journey is unique. We will work collaboratively with you to develop a personalized care plan that respects your values and aspirations.

If you have any questions or need to reschedule, please contact our office at [Phone Number] or [Email Address].

We look forward to meeting you.

Sincerely,

[Your Name/Practice Name]

[Contact Information]

[Website]