

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

# Welcome to Compassionate Care Mental Wellness

Dear [Client Name],

Welcome to Compassionate Care Mental Wellness. We are honored that you have chosen us to support you on your journey toward healing and emotional well-being. Our mission is to provide a safe, non-judgmental space where you feel heard and empowered.

Your first appointment is scheduled for:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Provider:** [Provider Name]

Please find the attached intake forms. We kindly ask that you complete these prior to your first session. If your appointment is via telehealth, a secure link will be sent to your email 15 minutes before the start time. For in-person visits, please arrive 10 minutes early to finalize any paperwork.

If you have any questions or need to reschedule, please contact us at [Phone Number] or [Email Address] at least 24 hours in advance.

We look forward to meeting you and working together toward your wellness goals.

Warmly,

[Signature/Name]

[Title]

Compassionate Care Mental Wellness