

Request for Enrollment in Anxiety Relief Therapy Sessions

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Date: [Insert Date]

[Therapist's Name]

[Therapist's Practice Name]

[Practice Address]

[City, State, Zip Code]

Dear [Therapist's Name],

I hope this message finds you well. I am writing to formally request enrollment in the anxiety relief therapy sessions offered at your practice. I have been experiencing persistent anxiety that I believe could be alleviated through professional support.

After researching various options, I am particularly drawn to your approach and expertise in anxiety management. I would greatly appreciate the opportunity to discuss potential enrollment in your therapy sessions.

Please let me know about the availability and any necessary steps I need to take to proceed. I look forward to hearing from you soon.

Thank you for your time and consideration.

Sincerely,

[Your Name]